## EXHIBIT 1 (FCC Form 603, Item No. 85)

## Part 101 Local Multipoint Distribution Service (LD) Authorizations

WPLM325

WPLM326

WPLM327

WPLM328

WPLM329

WPLM330

WPLM331

WPLM332

## **EXHIBIT 2**

(FCC Form 603, Questions 34-43 and 59-68)

## **CONTACT REPRESENTATIVE INFORMATION**

39)

DC

The contact representative for the Transferor is as follows:

| 35)            | U S WEST, Inc.                                   | 40)                    | 20036-6101                  |  |
|----------------|--|------------------------|-----------------------------|--|
| 36)            | N/A  | 41)                    | (202) 429-3134              |  |
| 37)            | 1020 19th Street, N.W., Suite 700                | 42)                    | (202) 296-5157              |  |
| 38) Washington |  | 43) estaffo@uswest.com |                             |  |
|                | The contact representative for the Transferee is | s as follows           | :                           |  |
| 59)            | Genevieve Morelli, Esq.                          | 64)                    | VA                          |  |
| 60)            | Qwest Communications International Inc.          | 65)                    | 22203                       |  |
| 61)            | N/A  | 66)                    | (703) 363-0220              |  |
| 62)            | 4250 North Fairfax Drive                         | 67)                    | (703) 363-3750              |  |
| 63)            | Arlington  | 68)                    | genevieve.morelli@qwest.com |  |
|                |  |                        |                             |  |

## Copies of all communications should go to:

Elridge A. Stafford, Esq.

34)

| Mace J. Rosenstein, Esq.      | Kathryn A. Zachem, Esq.      |
|-------------------------------|------------------------------|
| Hogan & Hartson L.L.P.        | Wilkinson Barker Knauer, LLP |
| 555 Thirteenth Street, N.W.   | 2300 N Street, N.W.          |
| Washington, D.C. 20004        | Washington, D.C 20037        |
| Phone: (202) 637-5600         | Phone: (202) 783-4141        |
| Fax: (202) 637-5910           | Fax: (202) 783-5851          |
| Email: mirosenstein@hhlaw.com | Email: kzachem@wbklaw.com    |

FCC 603 Main Form

# FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control

Approved by OMB 3060 - 0800 See instructions for public burden estimate

| ) A      | pplication Purpose (Select only one) (1   | (C)                                 |                               |                          |   | <u> </u>                            |  |              |  |
|----------|---|-------------------------------------|-------------------------------|--------------------------|---|-------------------------------------|--|--------------|--|
|          | AA - Assignment of Authorization<br>rC - Transfer of Control WD - With  |                                     | NT -<br>EX -                  | Required N<br>Request fo | otification (for Co<br>r Extension of Tir | onsummation of A<br>ne (to Consumma | ssignment or Transfe<br>te Assignment or Tra | er)<br>ansfe | r)   |
| 2a)      | If this request is for an Amendment or Withdrawa  | al, enter the                       | File Numbe                    | r of the pen             | ling application c                        | urrently                            | File Number:                                 |              |  |
|          | on file with the FCC.   |                                     |                               |                          |   |                                     | N/A  |              |  |
| 2b)      | File numbers of related pending applications curre  | ently on file                       | with the FC                   | <br>C: See Ex            | chibit 1                                  |                                     |  |              |  |
| pe       | of Transaction  | <del>-</del>                        |                               |                          |   |                                     | <del></del>                                  |              | -  |
| 3a)      | Is this a pro forma assignment of authorization or  | transfer of                         | control?                      |                          |   |                                     | (N)  | Yes          | No   |
| 3b)      | If the answer to Item 3a is 'yes', is this a notification Commission's forbearance procedures for telecon   | on of a <i>pro 1</i><br>mmunication | forma transa<br>ns licenses i | action being             | filed under the                           | N/A                                 | <b>(</b> ):                                  | Yes_         | <u>N</u> o                                   |
| 4)       | For assignments of authorization only, is this a pa   | rtition and/o                       | or disaggreg                  | ation?                   |   | N/A                                 | ( ):   | Yes          | No   |
| 5)       | Does this filing request a waiver of the Commission   | on's rules?                         |                               | - <u></u> -              |   |                                     | ( N)   | Yes          | <u>N</u> o                                   |
| 6)       | Are attachments being filed with this application?  |                                     |                               |                          |   |                                     | ( Y )  | <u>Y</u> es  | <u>N</u> o                                   |
| 7a)      | Does the transaction that is the subject of this applicenses held by the assignor/transferor or affiliate or commonly controlled entities) that are not included the controlled entities. | s of the ass                        | signor/transf                 | eror (e.g., p            | arents, subsidiari                        | ies,                                | (Y)  | Yes          | <u>N</u> o                                   |
| 7b)      | Does the transaction that is the subject of this appron-wireless licenses that are not included on this   |                                     |                               |                          |   | d?                                  | (Y)  | Yes          | <u>N</u> o                                   |
| ans      | action Information  |                                     |                               |                          |   |                                     |  |              |  |
| 3)       | How will the assignment of authorization or transfer  | er of control                       | be accomp                     | lished? Sele             | ct One: (S)                               | · — ·                               |  |              | •  |
|          | Sale or other assignment or transfer of stock   |                                     | <u>C</u> ourt                 | Order                    |   |                                     |  |              |  |
|          | Other (voting trust agreement, management contra  | act, etc.): _                       |                               | - <u>.</u>               | <u></u>                                   | <u> </u>                            |  |              |  |
|          | If required by applicable rule, attach as an exhibit agreements, instruments, certified copies of Court   | a statement<br>t Orders, etc        | ^                             |                          |   | =                                   | copies of any pertinon                       |              | ontract                                      |
| 9)       | The assignment of authorization or transfer of con  | trol of licens                      | se is:                        |                          |   |                                     | (V) <u>V</u> oluntary                        | jnvoi        | untary                                       |
| cen      | see/Assignor Information  |                                     |                               |                          |   |                                     |  |              |  |
|          | Taxpayer Identification Number: 273800  |                                     | <del></del> -                 |                          |   | 10b) SGIN:<br>N/A                   |  |              |  |
| 1)<br>√A | First Name (if individual):   | · · · · · · · ·                     | MI:                           | Last Nan<br>N/A          | ne:                                       |                                     | - · · · · · · · · · · · · · · · · · · ·      |              | Suffix<br>N/A                                |
| 2)       | Entity Name (if not an individual):   |                                     |                               | IVA                      |   | ·                                   | <del></del>                                  |              | IVA  |
|          | WEST Communications, Inc. Attention To:   |                                     |                               |                          |   |                                     |  |              |  |
|          | lge A. Stafford   |                                     |                               |                          |   |                                     |  |              |  |
|          | P.O. Box:   | And                                 |                               | et Address:              | NBM 0-14- 5                               | 700                                 |  |              | <u>.                                    </u> |
| J/A      |   | /Or }                               | 1020 19                       | th Street                | NW, Suite                                 |                                     | 7:   |              |  |
|          | City:<br>hington  |                                     |                               |                          | 17) State:<br>DC                          |                                     | Zip:<br>)36-6101                             |              |  |
|          | Telephone Number:   |                                     |                               | 20) FA                   |   |                                     | 23 0101                                      |              |  |
|          | 429-3134  |                                     |                               | _                        | 6-5157                                    |                                     |  |              |  |
|          | E-Mail Address:   | · · · · ·                           |                               | ·                        | <u>-</u>                                  |                                     |  |              |  |
| sta      | ffo@uswest.com  |                                     |                               |                          |   |                                     |  |              |  |

| Race:                      | American Indian or<br>Native: | r Alaska Asian            | ı:<br>       |                                  | ick or African-<br>nerican: |                              | lative Hawaiian<br>acific Islander: |                        | White: |                 |
|----------------------------|-------------------------------|---------------------------|--------------|----------------------------------|-----------------------------|------------------------------|-------------------------------------|------------------------|--------|-----------------|
| thnicity:                  | Hispanic or Latino:           | Not H                     | lispanic or  |                                  |                             |                              |                                     |                        |        |                 |
| ender:                     | Female:                       | Male:                     |              |                                  |                             |                              |                                     |                        |        |                 |
|                            | remore.                       |                           | <del> </del> |                                  |                             |                              |                                     |                        |        |                 |
| nsferor                    | Information (for tr           | ransfers of contro        | l only)      |                                  |                             |                              |                                     |                        |        |                 |
| а) Тахфау                  | er Identification Numb        | per:                      |              |                                  |                             |                              | 23b) SGIN                           | 1                      |        |                 |
| 4095318                    | 38                            |                           |              |                                  |                             |                              | N/A                                 |                        |        |                 |
| 4) First N                 | lame (if individual):         |                           |              | MI:                              |                             |                              |                                     |                        |        | Suffix          |
| √A                         |                               |                           |              | N/A                              | N/A                         |                              |                                     |                        |        | N/A             |
| 5) Entity t                | Name (if other than inc       | dividual):                |              |                                  |                             |                              |                                     |                        |        |                 |
| JS WES                     | T, Inc                        |                           |              |                                  |                             |                              |                                     |                        |        |                 |
| 6) P.O. Bo                 | DXC                           |                           | And          | 27) Stree                        | t Address:                  |                              |                                     |                        |        |                 |
| N/A                        |                               |                           | /Or          | 1020 19                          | th Street, N.               | W., Suite                    | <del>2</del> 700                    |                        |        |                 |
| 8) City:                   |                               |                           |              |                                  | 29                          | ) State:                     |                                     | 30) Zip:               |        | <del></del>     |
| Washingto                  | on                            |                           |              |                                  | ÐŒ                          | 2                            |                                     | 20036-610              | 01     |                 |
|                            | one Number:                   | <u> </u>                  |              |                                  | 32) FAX:                    |                              |                                     | <del></del>            | ***    | <del>, _,</del> |
| .02/429-3                  | 3134                          |                           |              |                                  | 202/296-5                   | 157                          |                                     |                        |        |                 |
| 3) E-Mail                  |                               |                           |              |                                  | <u></u>                     |                              | · · · · ·                           |                        |        |                 |
| staffo@v                   | iswest.com                    |                           |              |                                  |                             |                              |                                     |                        |        |                 |
|                            | ansferor Contact              |                           | ris -shorth  | Transfor                         | Mar transf                  |                              | Sal anka                            | ··                     |        | <del></del>     |
| 4) First Na                |                               | Kepresentative (          | ,II other as | an Transfer                      |                             | 375 OI CON                   | troi only)                          |                        | ——     | Suffix:         |
| •                          |                               |                           |              | 1411.                            | Last Hatte.                 |                              |                                     |                        |        | JUHA.           |
| ee Exhib  Compa            |                               |                           |              |                                  |                             | <del></del>                  |                                     |                        |        | <u> </u>        |
| ))                         | Hy Name.                      |                           |              |                                  |                             |                              |                                     |                        |        |                 |
| 6) P.O. Bo                 | nv·                           |                           |              | 37) Street                       | Address:                    |                              |                                     |                        |        |                 |
| )) P.O. 60                 | IX.                           |                           | And<br>/Or   | 3/7 0000                         | Audiess.                    |                              |                                     |                        |        |                 |
| 8) City:                   |                               |                           |              | <u></u>                          | 30                          | ) State:                     | ·                                   | 40) Zip:               |        |                 |
| J) Oily.                   |                               |                           |              |                                  | [                           | , Gui                        |                                     | 40) <del></del>        |        |                 |
| 1) Telepho                 | one Number:                   |                           |              |                                  | 42) FAX:                    | <del></del>                  |                                     | <del></del>            |        |                 |
| 1) ielepino                | me number.                    |                           |              |                                  | 44) 1700                    |                              |                                     |                        |        |                 |
| 3) E-Mail /                | Address:                      |                           |              |                                  |                             |                              |                                     |                        |        |                 |
| ) E-IVIAN /                | Address.                      |                           |              |                                  |                             |                              |                                     |                        |        |                 |
|                            |                               |                           |              |                                  |                             |                              |                                     |                        |        |                 |
| signee/Tr                  | ransferee Informa             | ıtion                     |              |                                  |                             |                              |                                     |                        |        |                 |
| 4) Assigne                 | ee is a(n): (C)               | Individual<br>Corporation |              | orated Associ<br>iability Corpor |                             | Irust<br><u>P</u> artnership |                                     | nment Entity<br>ortium | Join:  | t Venture       |
| 5а) Тахфауч                | er Identification Numb        | er:                       |              | ·                                |                             |                              | 45b) SGIN                           | i                      |        |                 |
| 4133928                    | .2                            |                           |              |                                  |                             |                              | N/A                                 |                        |        |                 |
|                            | ame (if individual):          |                           | <del></del>  | MI:                              | Last Name:                  |                              | <u></u>                             |                        |        | Suffix          |
| J/A                        |                               |                           |              | N/A                              | N/A                         |                              |                                     |                        |        | N/A             |
|                            | lame (if other than ind       | ividual):                 |              |                                  | 1 - " - "                   |                              |                                     | <u> </u>               |        | L               |
| <ol><li>Entity N</li></ol> | •                             | ·                         |              |                                  |                             |                              |                                     |                        |        |                 |
| · -                        | mmunications In               | uemikimai inc             |              |                                  |                             |                              |                                     |                        |        |                 |
| west Cor                   | mmunications In               |                           | <del></del>  | <del></del> -                    |                             |                              | 49) TIN                             |                        |        |                 |
| West Cor<br>8) Name o      | mmunications In               |                           | <del></del>  | <del></del>                      | <u></u> -                   |                              | 49) TIN                             |                        |        | -               |
| west Co                    | of Real Party in Interes      |                           |              |                                  |                             |                              | 49) TIN<br>N/A                      |                        |        |                 |

| (51)  | P.O. Box  | T           | 52)       | Stree      | t Address:      |                          |                | ···-             | <u> </u>      |
|-------|---|-------------|-----------|------------|-----------------|--------------------------|----------------|------------------|---------------|
| N/    |   | And<br>/Or  |           |            | lifornia (      |                          |                |                  |               |
|       | City:   |             | 100       | n Ca       | illorina .      | 54) State:               | 55) Zip:       |                  |               |
|       | enver   |             |           |            |                 | СО                       | 80202          |                  |               |
| -     | Telephone Number:   | <del></del> |           |            | 57) FAX         | <u> </u>                 | 80202          | <del></del>      |               |
| •     | 3/992-1400  |             |           | 1          | ] '             | 2-1490                   |                |                  |               |
|       | E-Mail Address:   |             |           |            | 303177          | 2-1470                   |                |                  |               |
| 1 1   | nevieve.morelli@qwest.com   |             |           |            |                 |                          |                |                  |               |
| Re    | nevieve.moremæd westeem   |             |           |            |                 |                          |                |                  |               |
| \$1   |   | -4-411/0    | rie oei   | the        | Acelar          | (Teferon)                |                |                  |               |
|       | ne of Assignee/Transferee Contact Represer<br>First Name:   | UIGUAR      | (II Ou    | ,          | <del>-, -</del> |                          |                | <del></del> _    | - C           |
| •     |   |             |           | MI:        | Les 140         | ате.                     |                |                  | Suffix        |
|       | e Exhibit 2   |             |           | ⊥          |                 |                          |                |                  |               |
| 1 60) | Company Name:   |             |           |            |                 |                          |                |                  |               |
| (61)  | P.O. Box  |             | 62)       | Street     | Address:        |                          |                |                  | <del></del>   |
| 01,   | P.O. Buc.   | And<br>/Or  | J.,       | ouc.       | , Mulicus,      |                          |                |                  |               |
| 53)   | City:   | ,,,,        | <u> </u>  |            |                 | 64) State:               | 65) Zip:       |                  |               |
| 65)   | City.   |             |           |            | -               | 04) State.               | 65) Zip.       |                  |               |
| 56)   | Telephone Number:   |             |           |            | 67) FA          | <u> </u>                 |                |                  |               |
| 00)   | racpilate Numba.  |             |           |            | 0,, 1,~         | ~                        |                |                  |               |
| 68)   | E-Mail Address:   |             |           |            | <u></u>         |                          |                |                  |               |
| 00)   | E-IMAII AQUIESS.  |             |           |            |                 |                          |                |                  |               |
|       |   |             |           |            |                 |                          |                |                  |               |
|       | O an add to O and to an   |             |           |            |                 |                          |                |                  |               |
| Alle  | n Ownership Questions   |             |           |            |                 |                          |                |                  |               |
| 69)   | Is the Assignee or Transferee a foreign government or   | the repr    | resenta   | ative of a | any foreign     | government?              |                | ( N <u>)Y</u> e  | es <u>N</u> o |
| 70)   | is the Assignee or Transferee an alien or the represent   | tative of   | an alie   | n?         |                 |                          |                | ( N <u>)Y</u> e  | ≈ <u>N</u> o  |
| 71)   | Is the Assignee or Transferee a corporation organized   | under th    | ne laws   | of any     | foreign go      | vernment?                |                | ( N ) <u>Y</u> e | s No          |
| 72)   | Is the Assignee or Transferee a corporation of which m  | nore than   | n one-f   | ifth of t  | he capital s    | stock is owned of reco   | rri or voted   |                  |               |
| 12)   | by aliens or their representatives or by a foreign govern   |             |           |            |                 |                          |                |                  |               |
|       | under the laws of a foreign country?  |             |           |            |                 |                          |                | ( N ) <u>Y</u> e | s No          |
| 73)   | Is the Assignee or Transferee directly or indirectly cont   | trolled by  | any o     | ther cor   | rporation of    | which more than one      | -fourth of     |                  |               |
|       | the capital stock is owned of record or voted by aliens,  | •           |           |            | -               | sign government or rep   | presentative   | / Nav.           | a No          |
|       | thereof, or by any corporation organized under the laws<br>If 'Yes', attach exhibit explaining nature and extent of all |             |           |            |                 | ol.                      |                | ( N ) <u>Y</u> e | s <u>N</u> o  |
|       |   |             |           |            |                 |                          | <del></del>    |                  |               |
| }asi  | ic Qualification Questions  |             |           |            |                 |                          |                |                  |               |
|       |   |             |           |            |                 |                          |                |                  |               |
| 74)   | Has the Assignee or Transferee or any party to this appermit revoked or had any application for an initial, mod         |             |           |            |                 |                          |                |                  |               |
|       | permit denied by the Commission?  | HIICADOLI   | ula       | CWAI CI    | FCC SMIC        | at addictization, noets  | se, consudence | ( N ) <u>Y</u> e | ss <u>N</u> o |
|       | If Yes', attach exhibit explaining circumstances.   |             |           |            |                 |                          |                |                  |               |
| 75)   | Has the Assignee or Transferee or any party to this app   | plication,  | . or any  | y party (  | directly or i   | ndirectly controlling th | e Assignee or  |                  |               |
| •     | Transferee, or any party to this application ever been or   |             |           |            |                 |                          |                | ( N ) <u>Y</u> e | ≲ <u>N</u> o  |
|       | If 'Yes', attach exhibit explaining circumstances.  |             |           |            |                 |                          |                |                  |               |
| 76)   | Has any court finally adjudged the Assignee or Transfe  |             |           |            |                 |                          |                |                  |               |
|       | Transferee guilty of unlawfully monopolizing or attempti<br>indirectly, through control of manufacture or sale of radi  |             |           |            |                 |                          |                |                  |               |
|       | or unfair methods of competition?   | io appai    | a.c.3, c. | VC4G21AC   | s traine art    | angement, or any our     | x 110010       | ( N)Ye           | ss <u>N</u> o |
|       | If 'Yes', attach exhibit explaining circumstances.  |             |           |            |                 |                          |                |                  |               |
| 77)   | Is the Assignee or Transferee, or any party directly or in  | ndirectly   | contro    | illing the | e Assignee      | or Transferee current    | tly a party    |                  |               |
|       | in any pending matter referred to in the preceding two it   | tems?       |           |            |                 |                          |                | ( N <u>)Y</u> e  | s <u>N</u> o  |
|       | If Yes', attach exhibit explaining circumstances.   |             |           |            |                 |                          |                |                  |               |

78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| Race:      | American Indian or Alaska<br>Native: | Asian:                     | Black or African-<br>American; | Native Hawaiian or Other<br>Pacific Islander: | White: |
|------------|--------------------------------------|----------------------------|--------------------------------|---|--------|
| Ethnicity: | Hispanic or Latino:                  | Not Hispanic or<br>Latino: |                                |   | -      |
| Gender:    | Female:                              | Male:                      |                                |   |        |

#### Assignor/Transferor Certification Statements

| Communications Commission has been given, or (  | The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro formal assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998). |            |                           |  |  |  |
|---|--|------------|---------------------------|--|--|--|
| The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith. |  |            |                           |  |  |  |
| 79) Typed or Printed Name of Party Authorized to  | Sign   |            |                           |  |  |  |
| First Name:   | MI:  | Last Name: | Suffix                    |  |  |  |
| Elridge   | A.   | Stafford   | Esq.                      |  |  |  |
| 30) Title:<br>Authorized Employee   |  |            |                           |  |  |  |
| Signature: Clirch & a   | Steffer  |            | 81) Date: August 19, 1999 |  |  |  |

#### Assignee/Transferee Certification Statements

- 1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rod. 6293 (1998).
- 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*
  - \* If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

| First Name:                             | MI: Last Name | Suffix:   |
|---|---------------|-----------|
| Drake                                   | S. Tempest    | Esq.      |
| 83) Title:                              |               |           |
| Executive Vice President                |               |           |
| Signature:                              |               | 84) Date: |
| V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |               |           |

## Authorizations To Be Assigned or Transferred

| 85)<br>Call Sign | 86)<br>Location Number | 87) Path Number (Microwave only) | 88)<br>Lower or Center<br>Frequency (MHz) | 89)<br>Upper<br>Frequency (MHz) | 90) Constructed Yes / No |
|------------------|------------------------|----------------------------------|---|---------------------------------|--------------------------|
| See Exhibit 1    |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  | ·   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
| <del></del>      |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   | <u> </u>                        |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
|                  |                        |                                  |   |                                 |                          |
| <del> </del>     |                        |                                  |   |                                 |                          |

## **EXHIBIT 1** (FCC Form 603, Question 2(b) and Item No. 85)

## Part 101 Point-to-Point Microwave (CF) **AUTHORIZATIONS AND PENDING APPLICATIONS**

KAC80

KAH90

KAJ75

KAJ78

KAJ79

KAK37

KAK38

KAM33 KAN25

KAN32

KAN78

KAN79

KAN80

KAN84

KAQ85

KAS72

KAU55

KAU56

KAU57

KAU58

KAU59

KAU60

KAU67

KAU68

KAV47

KAV48

KAX33

KAX41

KAX42

KAX43

KAY67 KBC41 **KBC79** KBC80 KBC81 KBD20 KBD27 KBD28 KBD55 KBD58 KBD67 KBD88 KBE99 KBF20 **KBI49** KBI55 KBI56 **KBI89** KBK75 KBL71 KBL83 KFA22 KFC86 KFD31 KKK22 KKL83 KKU71 KKU75 KKU83 KLC49 KLD48 KLD49 KLD50 KLD51 KLF34 KLF82 KLF83 KLF84

KLO88

KLS35 KLS36 KLS37 KLS38 KLU41 KLU42 KLU43 KLU55 KLV23 KLV24 KLV25 KM6640 KNZ49 KOA95 KOA98 KOC66 KOJ87 KOJ91 KOJ92 KOJ93 KOJ95 KOM52 KOM53 KON65 KON66 KOQ75 KOQ80 KOR61 KOS52 KOV59 KOV60 KOV63 KOY42 KOY71 KPB49 KPB50 KPB52 KPB60 KPC67

KPC71 KPE30 KPG74 KPG87 KPG88 KPI55 KPI56 KPI57 KPI58 KPI59 KPI60 KPI61 KPK21 KPL28 KPN70 KPN71 KPN80 KPN83 KPN84 KPN85 KPN86 KPN87 KPN88 KPQ24 KPQ26 KPQ38 KPQ57 KPQ58 KPQ59 KPQ60 KPQ61 KPR25 KPR26 KPR34 KPR35 KPR59 KPR60 KPR61

KPR76

KPR77 KPS29 KPS30 KPS31 KPS32 KPS33 KPS34 KPS35 KPS36 KPS37 KPS38 KPS45 KPS46 KPS48 KPS61 KPS79 KPS84 KPS85 KPS86 KPS88 KPS89 KPS92 KPS98 KPT53 KPT54 KPT55 KPT56 KPT57 KPV24 KPV27 KPV32 KPV34 KPV35 KPV36 KPV41 KPV50 KPV51 KPV65 KPV81

KPV87 KPV88 KPV89 KPW20 KPX29 KPX32 KPX33 KPX35 KPX40 KPX41 KPX42 KPX43 . KPX63 KPX68 KPX69 KPX82 KPY42 KPY43 KPY56 KPY57 KPY63 KPY64 KPY65 KPY69 KPY70 KPZ39 KPZ66 KPZ67 KPZ68 KPZ69 KPZ70 KPZ71 KPZ72 KPZ75 KTF27 KTF31 KTF32 KTF33

KTF34

KTF35 KTF82 KTF83 KTF99 KTQ79 KTQ82 KTQ88 KTQ89 KTR22 KTR23 KTR24 KTR25 KVD53 KVH80 KVI53 KVI54 KVI55 KVU54 KXQ87 KXQ97 KXQ98 KXQ99 KXR20 KXR22 KXR23 KXR24 KXR25 KXR26 KXR39 KXR40 KYC36 KYC37 KYJ77 KYJ78 KYJ79 KYN99 **KYO44** KYO45

KYO46

KYO85 KYR88 KYR93 KYS22 KYS23 KYS33 KYS62 KYS63 KYS67 KYS71 KYS96 KYZ76 KZA51 KZA53 KZI20 KZS82 WAD32 **WAH386 WAH491** WAH591 **WAH623 WAH624 WAH665 WAH673 WAH675 WAH676** WAN35 WAU203 WAX99 WAY23 WAY28 WAY33 WAY52 **WAY59** WAY60 WAY79 **WBA763 WBA794** 

**WBB341** 

WBO44 **WBO45 WBO87 WBO94 WBO95** WBP24 WBP50 WBP51 WBP65 WBP68 WBP69 WBP79 WCF953 **WCF969 WCF994** WCG275 WCG330 WCG331 WCT947 **WCT948** WCT975 WCT976 WCT994 WCU233 WCU259 WCU302 WCU303 **WCU326** WCU349 WCU520 WCU521 WCU559 WCU560 **WCU565** WDD47 WDD62 WDE85 WDE86

**WDU297** 

**WDU298 WDU406 WDU407 WDU458 WDU459 WDU519 WDU520 WDU576 WDU577 WDU578 WDU651 WDU652 WDU654 WDU655 WDU656 WDU657 WDU658 WFY488 WFY489 WFY529** WFY571 WFY581 **WFY606 WFY607 WFY608 WFY644 WFY647 WFY648 WFY649 WFY787 WFY788 WFY789 WFY799 WFY973** WGH92 WGH93 WGI51 WGI52

**WGI73** 

**WGW227 WGW228 WGW317** WGW350 WGW351 **WGW428** WGW721 **WGX475 WGX530 WGX544 WGX545** WGX591 **WGX593 WHA500 WHB65** WHB70 **WHB71 WHE227 WHE237 WHE240 WHE246 WHE252 WHO592 WHO759 WHO762 WHO764 WHO776 WHQ466 WHQ467 WHQ468 WHQ469 WHQ470 WHQ471 WHQ472 WHQ473 WHQ498 WHQ525** WHT253

WHT49

WIV24 WIV25 WJK77 WJM83 WKS57 **WLA663 WLA675 WLA697 WLA717** WLB731 **WLC625** WLC646 **WLC943** WLC944 **WLK820 WLL464 WLM252** WLM253 **WLM313 WLM456 WLM457 WLM458 WLM549** WLM562 **WLM648 WLN280 WLN378 WLN407 WLN408 WLN871 WLR546 WLR547 WLR658 WLR661 WLR662 WLR674 WLR675** 

> WLR679 WLR683

**WLT591 WLT595 WLT599** WLT600 **WLT687 WLT764** WLT935 **WLT936 WLT938 WLT939 WLT940 WLU428 WLU429 WLU441 WLU442 WLU950** WLU951 **WLU957 WLU960 WLU981 WLU982 WLV201 WLV203** WMI714 **WMI736 WMI744** WMI748 **WMI795 WMI796 WMM479** WMM840 **WMN603 WMQ296 WMQ301 WMQ330** WMQ411 **WMQ532 WMQ964 WMR322** 

**WMR770** WMS241 **WMS296 WMS879 WMS979 WMS985 WMS986** WPE71 WPE72 WPE73 WPF84 WPF90 WPF91 WPJA764 **WPJA765** WPJC735 WPJD327 WPJD328 WPJE670 **WPJF576** WPJF577 WPNA629 WPNA630 WPNB331 WPNB332 WPNB333 WPNB334 **WPNB557** WPNB558 WPNB601 WPNB604 WPNC546 WPNC694 **WPNE975** WPNG395 WPNG439 **WPNH409** 

WPNM637 WPNM638 WPNM639 WPOS350 WPW76 WPX91 WPX93 WPY23 WQN43 WQP65 WQP67 WQP68 WQP70 WQP71

## U S WEST Communications, Inc. Pending Point-to-Point Microwave Applications

| CALL<br>SIGN | STATE | STATION<br>NAME | FILE NO. |
|--------------|-------|-----------------|----------|
| KPY57        | AZ    | Grad Cnyn       | 9902390  |
| KPY70        | AZ    | Bill Wms Mt     | 9902389  |
| KPX68        | AZ    | Wmt Ord         | 9902398  |
| KPX69        | AZ    | Payson          | 9902399  |
| WFY581       | WY    | Divide          | 9902535  |

## **EXHIBIT 2**

(FCC Form 603, Questions 34-43 and 59-68)

## **CONTACT REPRESENTATIVE INFORMATION**

The contact representative for the Transferor is as follows:

| 34) | Elridge A. Stafford, Esq.  | 39)             | DC .                        |
|-----|--|-----------------|-----------------------------|
| 35) | U S WEST, Inc.   | 40)             | 20036-6101                  |
| 36) | N/A  | 41)             | (202) 429-3134              |
| 37) | 1020 19th Street, N.W., Suite 700  | 42)             | (202) 296-5157              |
| 38) | Washington   | 43)             | estaffo@uswest.com          |
| 59) | The contact representative for the Transferee is Genevieve Morelli, Esq. | as follows  64) | :<br>VA                     |
| 60) | Qwest Communications International Inc.                                  | 65)             | 22203                       |
| 61) | N/A  | 66)             | (703) 363-0220              |
| 62) | 4250 North Fairfax Drive   | 67)             | (703) 363-3750              |
| 63) | Arlington  | 68)             | genevieve.morelli@qwest.com |
|     |  |                 |                             |

## Copies of all communications should go to:

| Mace J. Rosenstein, Esq.      | Kathryn A. Zachem, Esq.      |  |  |  |
|-------------------------------|------------------------------|--|--|--|
| Hogan & Hartson L.L.P.        | Wilkinson Barker Knauer, LLF |  |  |  |
| 555 Thirteenth Street, N.W.   | 2300 N Street, N.W.          |  |  |  |
| Washington, D.C. 20004        | Washington, D.C 20037        |  |  |  |
| Phone: (202) 637-5600         | Phone: (202) 783-4141        |  |  |  |
| Fax: (202) 637-5910           | Fax: (202) 783-5851          |  |  |  |
| Email: mirosenstein@hhlaw.com | Email: kzachem@whklaw.com    |  |  |  |

FCC 603 Main Form

1) Application Purpose (Select only one) (TC)

### FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control

Approved by OMB 3060 - 0800 See instructions for public burden estimate

|            | AA - Assignment of Authorization<br>TC - Transfer of Control   | AM - Amendmo<br>WD - Withdraw |            |               |                 | otification (for Co<br>Extension of Tin |                   |   |                   | er)            |
|------------|--|-------------------------------|------------|---------------|-----------------|---|-------------------|---|-------------------|----------------|
| 2a)        | If this request is for an Amendment  | or Withdrawal, en             | ter the F  | ile Numbe     | r of the pend   | ing application c                       | urrently          | File Nu                                 | mber:             | <del></del>    |
|            | on file with the FCC.  |                               |            |               |                 |   |                   | N/A                                     |                   |                |
| 2b)        | File numbers of related pending app  | lications currently           | on file v  | with the FC   | C: N/A          |   |                   |   |                   |                |
| Туре       | of Transaction   |                               |            |               |                 |   |                   |   |                   | _              |
| 3a)        | Is this a pro forma assignment of au   | thorization or tran           | sfer of c  | control?      |                 |   |                   |   | ( N ) <u>Y</u> es | <u>N</u> o     |
| 3b)        | 3b) If the answer to Item 3a is 'yes', is this a notification of a <i>pro forma</i> transaction being filed under the Commission's forbearance procedures for telecommunications licenses?  N/A                          |                               |            |               |                 |   | ( <u>)Y</u> es    | <u>N</u> o                              |                   |                |
| 4)         | For assignments of authorization only, is this a partition and/or disaggr  |                               |            |               | ation?          |   | N/A               |   | ( <u>)</u> Yes    | <u>N</u> o     |
| 5)         | Does this filing request a waiver of the   | ne Commission's               | rules?     |               |                 |   |                   |   | (N)Yes            | No             |
| 6)         | Are attachments being filed with this  | application?                  |            |               |                 |   |                   |   | ( Y ) <u>Y</u> es | <u>N</u> o     |
| 7a)        | Does the transaction that is the subjicenses held by the assignor/transfe or commonly controlled entities) that  | ror or affiliates of          | the assi   | ignor/transf  | eror (e.g., pa  | rents, subsidiari                       | es,               |   | (Y) <u>Y</u> es   | No             |
| 7b)        | 7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? (Y)Yes 1 |                               |            |               |                 |   |                   | <u>N</u> o                              |                   |                |
| Trans      | saction Information  |                               |            |               |                 |   |                   |   |                   |                |
| 8)         | How will the assignment of authoriza   | tion or transfer of           | control l  | be accomp     | lished? Sele    | ct One: (S)                             |                   |   |                   |                |
|            | Şale or other assignment or transfer   | of stock                      |            | <u>C</u> ourt | Order           |   |                   |   |                   |                |
|            | Other (voting trust agreement, manage  | gement contract, (            | etc.):     |               |                 |   |                   |   |                   |                |
|            | If required by applicable rule, attach a agreements, instruments, certified co   |                               |            |               |                 | assigned or trans<br>ng filed as a      | _                 |   | •                 | contracts,     |
| 9)         | The assignment of authorization or tr  | ansfer of control of          | of licens  | e is:         |                 |   |                   | (V) <u>V</u> olu                        | intary Inv        | oluntary       |
| Licen      | see/Assignor Information   | <del></del>                   |            |               |                 | <u></u>                                 |                   |   |                   |                |
|            | Taxpayer Identification Number: 411138   |                               |            |               |                 |   | 10b) SGIN:<br>N/A |   |                   |                |
| 11)<br>N/A | First Name (if individual);  | - <del></del>                 |            | MI:           | Last Nam<br>N/A | e:                                      | <del> </del>      |   | -                 | Suffix:<br>N/A |
|            | Entity Name (if not an individual):  |                               |            |               | INA             |   |                   |   |                   | IWA            |
| US         | WEST Wireless, LLC   |                               |            |               |                 |   |                   |   |                   |                |
|            | Attention To:  |                               |            |               |                 |   |                   |   |                   |                |
|            | dge A. Stafford P.O. Box   | 1                             | 4 1        | 15\ Stree     | et Address:     |   |                   |   |                   |                |
| N/A        |  |                               | And<br>/Or |               |                 | NW, Suite                               | 700               | _                                       |                   |                |
| 16)<br>Was | City:<br>Shington  |                               |            |               |                 | 17) State:<br>DC                        |                   | B) Zip:<br>0036-6101                    |                   |                |
|            | Telephone Number:  |                               |            |               | 20) FA          |   |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <del> </del>      |                |
|            | /429-3134  |                               |            |               | 202/29          |   |                   |   |                   |                |
| -          | E-Mail Address:  |                               |            |               |                 | <i>p.</i> ,                             |                   |   |                   |                |
| esta       | ffo@uswest.com   |                               |            |               |                 |   |                   |   |                   |                |

|   | American Indian or A<br>Native:  | Naska As                                       | ian:                               |             |                    | ok or African-<br>erican: |                     | lative Hawaiia<br>Pacific Islander |              | White                                 | :           |
|---|--|--|------------------------------------|-------------|--------------------|---------------------------|---------------------|------------------------------------|--------------|---------------------------------------|-------------|
| Ethnicity:  | Hispanic or Latino:  |  | t Hispanic or<br>tino:             | •           |                    |                           |                     |                                    |              |                                       |             |
| Gender:   | Female:  | Ma   | le:                                |             |                    |                           |                     |                                    |              |                                       |             |
|   | 4 4 4 4 4 4  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
|   | formation (for tra   |  | roi oniy)                          | <u></u>     |                    |                           |                     | 1 001 001                          |              |                                       |             |
|   | Identification Numbe   | г.   |                                    |             |                    |                           |                     | 23b) SGI                           | N            |                                       |             |
| 840953188   |  |  |                                    |             | 7 77               | 1.1-11                    |                     | N/A                                |              |                                       |             |
|   | ne (if individual):  |  |                                    |             | MI:                | Last Name:                | i                   |                                    |              |                                       | Suffix      |
| N/A   | ·  |  |                                    |             | N/A                | N/A                       |                     |                                    |              |                                       | N/A         |
| •   | ame (if other than indiv   | vidual):                                       |                                    |             |                    |                           |                     |                                    |              |                                       |             |
| US WEST.  | ·  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
| 26) P.O. Box  |  |  | And                                | <u> </u>    | Street             | Address:                  |                     |                                    |              |                                       |             |
| N/A   |  |  | /./Or                              | 102         | 20 19tl            | n Street, N.              |                     | e 700                              |              |                                       | _           |
| 28) City:   |  |  |                                    |             |                    | 29                        | ) State:            |                                    | 30) Zip:     |                                       |             |
| Washington  | n  |  |                                    |             |                    | D                         | С                   |                                    | 20036-61     | 01                                    |             |
| 31) Telephone   | e Number:  |  |                                    |             |                    | 32) FAX:                  |                     |                                    |              |                                       |             |
| 202/429-31  | 34   |  |                                    |             |                    | 202/296-5                 | 5157                |                                    |              |                                       |             |
| 33) E-Mail Ad   |  |  |                                    | -           |                    |                           |                     | <del></del>                        |              | · · · · · · · · · · · · · · · · · · · |             |
| estaffo@us  | west.com   |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
| <u>~</u>  | <del></del>  |  |                                    |             |                    |                           | <del></del>         |                                    |              | <del></del> .                         |             |
|   | sferor Contact R   | epresentativ                                   | e (if other i                      | ınan ir     | ,                  |                           |                     | itroi oniy)                        | ···          |                                       | 1 0 55      |
| 34) First Nam   |  |  |                                    |             | MI:                | Last Name:                |                     |                                    |              |                                       | Suffix      |
| See Exhibit   |  |  |                                    |             | <u> </u>           |                           |                     |                                    |              |                                       | <u> </u>    |
| 35) Company   | / Name:  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
|   |  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
| 36) P.O. Box:   |  |  | And                                | 1 37)       | Street.            | Address:                  |                     |                                    |              |                                       |             |
|   |  |  | /Or                                |             |                    |                           |                     |                                    |              |                                       |             |
| 38) City:   |  |  |                                    |             |                    | 3                         | 9) State:           |                                    | 40) Zip:     |                                       |             |
|   |  |  |                                    |             |                    | 1                         |                     |                                    | ]            |                                       |             |
| 1) Telephone  | e Number:  |  |                                    |             |                    | 42) FAX:                  |                     |                                    |              |                                       |             |
|   |  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
|   |  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
| 3) E-Mail Ad  | idress:  |  |                                    |             | ,L                 | <del></del>               |                     |                                    |              |                                       |             |
| 3) E-Mail Ad  | idress:  |  |                                    | <del></del> |                    |                           |                     |                                    |              |                                       |             |
|   |  |  |                                    |             |                    |                           |                     |                                    | <u>.</u>     | <u></u>                               | <del></del> |
| ssignee/Trai  | nsferee Informati  |  |                                    |             |                    |                           |                     |                                    |              |                                       |             |
| ssignee/Trai  | nsferee Informati  | on<br>Individual<br>Corporation                | <u>U</u> nincor<br><u>L</u> imited | •           | Associa<br>Corpora |                           | Irust<br>Partnershi |                                    | mment Entity | Join                                  | it Venture  |
| ssignee/Trai<br>4) Assignee   | nsferee Informati  | Individual<br>Corporation                      | _                                  | •           |                    |                           | _                   |                                    | ortium       | Join                                  | it Ventur   |
| ssignee/Trac<br>4) Assignee<br>5a) Taxpayer   | nsferee Informati  | Individual<br>Corporation                      | _                                  | •           |                    |                           | _                   | Cons                               | ortium       | <u>J</u> oin                          | it Venture  |
| ssignee/Trai<br>4) Assignee<br>5a) Taxpayer<br>341339282  | nsferee Informati  | Individual<br>Corporation                      | _                                  | •           |                    |                           | _                   | o Cons                             | ortium       | Join                                  |             |
| ssignee/Trail 4) Assignee 5a) Taxpayer 841339282 6) First Nam   | nsferee Informati  | Individual<br>Corporation                      | _                                  | •           | Corpora            | Last Name:                | _                   | Cons                               | ortium       | Join                                  | Suffix      |
| ssignee/Traid  Assignee  Taxpayer  Authority  Taxpayer  First Name  N/A   | nsferee Informati is a(n): (C) Identification Number   | Individual<br>Corporation                      | _                                  | •           | Corpora            | Last Name:                | _                   | Cons                               | ortium       | Join                                  |             |
| ssignee/Trail 4) Assignee 5a) Taxpayer 841339282 6) First Nam N/A 7) Entity Nar                                 | nsferee Informati is a(n): (C) Identification Number ne (if individual):   | Individual Corporation :                       | Limited                            | •           | Corpora            | Last Name:                | _                   | Cons                               | ortium       | Join                                  | Suffix      |
| ssignee/Train 4) Assignee 5a) Taxpayer 841339282 6) First Name N/A 7) Entity Name Qwest Com                     | nsferee Informations a(n): (C) Identification Number The (if individual): The (if other than individual) into a control of the | Individual Corporation : idual): ermational In | Limited                            | •           | Corpora            | Last Name:                | _                   | Cons<br>(45b) SGII<br>N/A          | ortium       | Join                                  | Suffix      |
| ssignee/Traid  4) Assignee  5a) Taxpayer  841339282  6) First Name  N/A  7) Entity Nar  Qwest Com  8) Name of F | nsferee Informati is a(n): (C) Identification Number ne (if individual):   | Individual Corporation : idual): ermational In | Limited                            | •           | Corpora            | Last Name:                | _                   | Cons<br>45b) SGII<br>N/A           | ortium       | Join                                  | Suffix      |
| ssignee/Train 4) Assignee 5a) Taxpayer 841339282 6) First Name N/A 7) Entity Name Qwest Com                     | nsferee Informations is a(n): (C) Identification Number The (if individual): The (if other than individual):   | Individual Corporation : idual): ermational In | Limited                            | •           | Corpora            | Last Name:                | _                   | Cons<br>(45b) SGII<br>N/A          | ortium       | Join                                  | Suffix N/A  |

| 1.61    | P.O. Box  | 1            | 52)                   | Street           | Address:                    |                           |                      |                   |             |
|---------|---|--------------|-----------------------|------------------|-----------------------------|---------------------------|----------------------|-------------------|-------------|
| 1 1     |   | And<br>/Or   | 1 1                   |                  | lifornia :                  | Ctroot                    |                      |                   |             |
| N/      | City:   |              | 100                   | 1 Cai            | inornia .                   | 54) State:                | 55) Zip:             |                   |             |
|         | enver   |              |                       |                  |                             | co                        | 80202                |                   |             |
| 1 '     | Telephone Number:   | <del>-</del> |                       |                  | 57) FAX                     |                           | 1 80202              | <del></del>       |             |
| -       | 3/992-1400  |              |                       | l                | •                           | 2-1490                    |                      |                   |             |
|         | E-Mail Address:   | _            |                       |                  | 303777                      | 2-1470                    | <del></del>          |                   | <del></del> |
| 1 .     |   |              |                       |                  |                             |                           |                      |                   |             |
| ge      | nevieve.morelli@qwest.com   |              |                       |                  |                             | <u></u>                   |                      |                   |             |
|         | the transferred Contact December  | -4-4!        | /if mile              | th-              | - 40-:                      | oo/Tennefeens\            |                      |                   |             |
|         | ne of Assignee/Transferee Contact Represen  | Tative       | (n ou                 |                  | Last N                      |                           |                      | <del></del>       |             |
| •       | First Name:   |              |                       | Mi:              | LESUN                       | dire.                     |                      | *                 | Suffix      |
|         | e Exhibit 2   |              |                       | <u> </u>         | <u></u>                     |                           | <del>-</del>         |                   |             |
| (60)    | Company Name:   |              |                       |                  |                             |                           | •                    |                   |             |
| 04)     |   | <del>-</del> | I cov                 | Ctt              | Addes                       |                           |                      |                   | <del></del> |
| 61)     | P.O. Box  | And          | (62)                  | Street           | Address:                    |                           |                      |                   |             |
| 001     |   | /Or          | <u> </u>              |                  |                             | (4) (4-1-)                |                      |                   |             |
| 63)<br> | City:   |              |                       |                  |                             | 64) State:                | 65) Zip:             |                   |             |
|         |   |              |                       |                  | (7) FA                      | <u> </u>                  | _                    |                   |             |
| 66)     | Telephone Number:   |              |                       |                  | 67) FA                      | Χ:                        |                      |                   |             |
| CO      | C Mail Address  |              |                       | 1                |                             |                           | <del></del>          | <del></del>       |             |
| 68)     | E-Mail Address:   |              |                       |                  |                             |                           |                      |                   |             |
|         |   | _            |                       |                  |                             |                           |                      |                   |             |
|         |   |              |                       |                  |                             |                           |                      |                   |             |
| Alie    | n Ownership Questions   |              |                       |                  |                             |                           |                      |                   |             |
| 69)     | Is the Assignee or Transferee a foreign government or   | the repr     | esentat               | tive of a        | any foreign                 | government?               |                      | ( N )Yes          | <u> </u>    |
| 70)     | Is the Assignee or Transferee an alien or the represent   | ative of     | an alien              | 17               | ·                           | · · · · · ·               |                      | ( N) <u>Y</u> es  | No.         |
|         |   |              |                       |                  |                             |                           |                      |                   |             |
| 71)     | Is the Assignee or Transferee a corporation organized   | under th     | ie laws               | of any           | foreign go                  | vernment?                 |                      | ( N ) <u>Y</u> es | <u>N</u> o  |
| 72)     | Is the Assignee or Transferee a corporation of which m  |              |                       |                  |                             |                           |                      |                   |             |
|         | by aliens or their representatives or by a foreign govern-<br>under the laws of a foreign country?                      | ment or      | represe               | entative         | thereof or                  | r by any corporation or   | ganized              | (N)Yes            | No          |
|         | under the laws of a localist contay?  | _            |                       |                  |                             |                           |                      | (11)16            | TAO         |
| 73)     | Is the Assignee or Transferee directly or indirectly contribe capital stock is owned of record or voted by aliens, to   |              |                       |                  |                             |                           |                      |                   |             |
|         | thereof, or by any corporation organized under the laws   |              |                       |                  | u by a lore                 | agii governinent ür rep   | i esa italive        | ( N <u>)Y</u> es  | <u>N</u> o  |
|         | If 'Yes', attach exhibit explaining nature and extent of ali  | ien or fo    | reign o               | wnersh           | ip or contr                 | ol.                       |                      |                   |             |
|         |   |              | _                     |                  |                             |                           |                      |                   |             |
| 3asi    | c Qualification Questions   |              |                       |                  |                             |                           |                      |                   |             |
| 74)     | Has the Assignee or Transferee or any party to this app   | dication     | had an                | v FCC            | station aut                 | thorization, license or a |                      |                   | 1,-         |
| ,       | permit revoked or had any application for an initial, mod   |              |                       |                  |                             |                           |                      |                   |             |
|         | permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.                                     |              |                       |                  |                             |                           |                      | (N)Yes            | <u>N</u> o  |
|         |   |              |                       |                  |                             | <del></del>               |                      |                   |             |
| 75)     | Has the Assignee or Transferee or any party to this app<br>Transferee, or any party to this application ever been co    |              |                       |                  |                             |                           | e Assignee or        | (N)Yes            | No          |
|         | If 'Yes', attach exhibit explaining circumstances.  |              | 0.0.0                 | ωι <b>,</b> υ,   | wij owie                    |                           |                      | (11,100           | <u>Fr</u> o |
| 76\     | Has any court finally adjudged the Assignee or Transfer   |              |                       | · disasi         | Hu or indica                | adh, acatrollina the Ac   | signed or            |                   |             |
| 70)     | Transferee guilty of unlawfully monopolizing or attemption  | ng unlav     | wiy part<br>wfully to | y airec          | oy or indire<br>polize radi | o communication, dire     | signee or<br>ctty or |                   |             |
|         | indirectly, through control of manufacture or sale of radi  |              |                       |                  |                             |                           |                      | (N) <u>Y</u> es   | No          |
|         | or unfair methods of competition?  If 'Yes', attach exhibit explaining circumstances.                                   |              |                       |                  |                             |                           |                      | (11)Ies           | IZO         |
|         |   | odian ett.   |                       | 1: <del>**</del> |                             |                           |                      |                   |             |
| 11)     | Is the Assignee or Transferee, or any party directly or in<br>in any pending matter referred to in the preceding two it |              | CONTROL               | iing the         | : Assignee                  | or Transferee current     | у а рапу             | (N) <u>Y</u> es   | <u>N</u> o  |
|         | If 'Yes', attach exhibit explaining circumstances.  |              |                       |                  |                             |                           |                      | - <b>-</b>        |             |

78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):

| Race:      | American Indian or Alaska<br>Native: | Asian:                     | Black or African-<br>American: | Native Hawaiian or Other<br>Pacific Islander: | White: |
|------------|--------------------------------------|----------------------------|--------------------------------|---|--------|
| Ethnicity: | Hispanic or Latino:                  | Not Hispanic or<br>Latino: |                                |   |        |
| Gender:    | Female:                              | Male:                      |                                |   |        |

#### **Assignor/Transferor Certification Statements**

|             | <u> </u>  |            |            |                |  |  |  |  |  |  |
|-------------|---|------------|------------|----------------|--|--|--|--|--|--|
| 1)          | The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998). |            |            |                |  |  |  |  |  |  |
| 2)          | The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.   |            |            |                |  |  |  |  |  |  |
| 79)         | Typed or Printed Name of Party Authorized to Sign   |            |            |                |  |  |  |  |  |  |
| First Name: |   | M!:        | Last Name: | Suffix         |  |  |  |  |  |  |
| Elı         | ridge   | A.         | Stafford   | Esq.           |  |  |  |  |  |  |
| '           | Title: uthorized Employee   |            |            |                |  |  |  |  |  |  |
| Sign        | Elide a. Steffer  | <b>(</b> ) |            | ) Date:        |  |  |  |  |  |  |
|             |   | )          | Au         | igust 19, 1999 |  |  |  |  |  |  |

#### Assignee/Transferee Certification Statements

- 1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for pro forma assignments and transfers by telecommunications carriers. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998).
- 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*
  - " If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.

82) Typed or Printed Name of Party Authorized to Sign First Name: MI: Last Name: Suffix Drake S. Tempest Esq. 83) Title: **Executive Vice President** Signature: 84) Date: August 19, 1999 WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)),

AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

## Authorizations To Be Assigned or Transferred

| 85)<br>Call Sign   | 86)<br>Location Number | 87)<br>Path Number<br>(Microwave only) | 88)<br>Lower or Center<br>Frequency (MHz) | 89)<br>Upper<br>Frequency (MHz) | 90)<br>Constructed<br>Yes / No |
|--|------------------------|--|---|---------------------------------|--------------------------------|
| See Exhibit 1  |                        |  |   |                                 |                                |
|  |                        |  |   |                                 |                                |
|  |                        |  | _   |                                 |                                |
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| Vicinity and the state of the s |                        |  |   |                                 |                                |
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|  |                        |  |   |                                 |                                |

## EXHIBIT 1 (FCC Form 603,Item No. 85)

## Part 101 Point-to-Point Microwave (CF) Authorizations

WPOS382

WPOS404

WPOS405

WPOS406

**WPOS407** 

WPOS408

**WPOS409** 

**WPOS410** 

WPOS411

WPOS413

WPOS414

WPOS416

## EXHIBIT 2

(FCC Form 603, Questions 34-43 and 59-68)

## CONTACT REPRESENTATIVE INFORMATION

The contact representative for the Transferor is as follows:

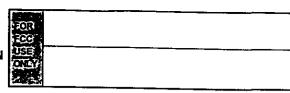
| 34) | Elridge A. Stafford, Esq.  | 39) | DC                          |
|-----|--|-----|-----------------------------|
| 35) | U S WEST, Inc.   | 40) | 20036-6101                  |
| 36) | N/A  | 41) | (202) 429-3134              |
| 37) | 1020 19th Street, N.W., Suite 700  | 42) | (202) 296-5157              |
| 38) | Washington   | 43) | estaffo@uswest.com          |
| 59) | The contact representative for the Transferee is Genevieve Morelli, Esq. | 64) | VA                          |
| 50) | Canaviava Maralli Esa  | 64) | 37.4                        |
| 60) | Owest Communications International Inc.                                  | 65) | 22203                       |
| 61) | N/A  | 66) | (703) 363-0220              |
| 62) | 4250 North Fairfax Drive   | 67) | (703) 363-3750              |
| 63) | Arlington  | 68) | genevieve.morelli@qwest.com |

## Copies of all communications should go to:

| Mace J. Rosenstein, Esq.      | Kathryn A. Zachem, Esq.      |
|-------------------------------|------------------------------|
| Hogan & Hartson L.L.P.        | Wilkinson Barker Knauer, LLP |
| 555 Thirteenth Street, N.W.   | 2300 N Street, N.W.          |
| Washington, D.C. 20004        | Washington, D.C 20037        |
| Phone: (202) 637-5600         | Phone: (202) 783-4141        |
| Fax: (202) 637-5910           | Fax: (202) 783-5851          |
| Email: mjrosenstein@hhlaw.com | Email: kzachem@wbklaw.com    |

Approved by OMB 3060-0053 Expires 11/30/99 See reverse for public burden estimate.

## UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION



## PART I - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE (This application must be filed before Transfer of Control takes place)

| (11  | ns application must be n   | led before Transfer of C                    | ontrol takes          | place)                         |          |     |
|--|--|---|-----------------------|--------------------------------|----------|-----|
| 1.(a) Name of corporate licensee U S WEST Communication  | ons, Inc.  |   |                       |                                |          |     |
| (b) Number and street address 1020 19th Street, N.V  | 7., Suite 700  | · • • · · · · · · · · · · · · · · · · ·     |                       |                                |          |     |
| (c) City<br>Washington   |  | (d) State<br>DC                             | :                     | (e) ZIP Code<br>20036-6101     |          |     |
| 2. Internet address:<br>estaffo@uswest.com   |  | 3. Taxpayer Identification Nur<br>840273800 | nber                  |                                |          |     |
| 4. Call sign and radio service of each station WA2XAW WA2XMX   |  |   |                       |                                |          |     |
| 5.(a) Fee Type Code  | (b) Fee Multiple   | (c) Fee Due                                 | 00 00                 | FORFCC                         |          |     |
| EAE  | 2  |   | 90.00                 | USE ONLY                       |          |     |
| 6. Name(s) and Address(es) of Transferee   |  |   |                       |                                |          |     |
| Qwest Communications   | International  | Inc.  |                       |                                |          | 1   |
| 7. Subsequent to the Transfer of Control, will the State of incorporation, etc.? If "NO", give details   |  | me corporate entity? That is, w             | ill it retain its pre | esent name, corporate charter, | YES<br>Y | NO  |
| 8. Subsequent to the Transfer of Control, will the Page 3.   | e licensee corporation be a repr   | esentative of any foreign govern            | nment? If "YES",      | give details on                |          | N   |
| 9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICA<br>OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:   |  |   |                       |                                |          |     |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.   |  |   |                       |                                | YES      | NO  |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.   |  |   |                       |                                |          |     |
| (c) Will the licensee be directly or indirectly cont   | trolled by any other corporation?  | if "YES", answer items (d) thro             | ugh (h) below.        | •                              |          |     |
| (d) What is the name and address of the corpor   | ation in immediate control?  | _   |                       |                                |          |     |
| (e) Under the laws of what State or Country is the   | e controlling corporation organi   | zed?  |                       |                                |          |     |
| (f) is more than 1/4 of the capital stock of contro<br>foreign government or representative thereof, or<br>Page 3.   |  |   |                       |                                | YES      | NO  |
| (g) Is any officer or more than 1/4 of the directors and state the total number of directors, and give   |  |   | ate name, nation      | ality, and position of each,   |          |     |
| (h) is the controlling corporation in turn controlle<br>these controlling companies covering information   |  |   | t of paper, provid    | de information for each of     |          |     |
|  | CEI  | RTIFICATION                                 |                       |                                |          |     |
| <ul> <li>Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise;</li> <li>Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons;</li> <li>Neither applicant nor any member thereof is a foreign government or representative thereof;</li> <li>Applicant certifies that all statements made in this application and attachments are true, complete and made in good faith;</li> <li>Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.</li> </ul> |  |   |                       |                                |          |     |
| WILLFUL FALSE STATEMENTS MADE ON REVOCATION OF ANY STATION LICENSE C SECTION 503).   |  |   |                       |                                |          |     |
| SIGNATURE Elicho a   | Staffor  |   | _                     | DATE August 1                  | 9, 1     | 999 |
| SIGNATURE  Transferee of Control Check of  | Social Property of the Control of th |   |                       | DATE August 1                  | 9, 1     | 999 |
| Individual   |  | Officer Other (                             | Specify):             |                                |          | [   |

| DETAILS / ADDITIONAL INFORMATION:   |   |
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|   | ES OF AMERICA   |
|   | CATIONS COMMISSION  |
|   | (S) AFTER TRANSFER OF CONTROL OF CORPORATION  |
| 1. Name and mailing address of corporate licensee U S WEST Communications, Inc. | DO NOT WRITE IN THIS BLOCK  |
| 1801 California Street  | CONDITIONS OF GRANT   |
| Denver, CO 80202  | The corporate licensee is hereby authorized to continue holding the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization. |
| 2. Call sign and radio service of each station                                  | This authorization is granted for the term of the outstanding   |
| WA2XAW<br>WA2XMX  | license(s) for the station(s) listed in item 2.   |
| W. L.                                       | DATE AUTUONIES  |
|   | DATE AUTHORIZED:  |
|   |   |
|   | FEDERAL   |
|   | COMMUNICATIONS COMMISSION   |
|   |   |
| THIS AUTHORIZATION TO BE FILED WITH CORPORATION'S RADIO STATION RECORDS         |   |
| US. W STOTISTIC OF TANDIO OF TANDIO OF TANDIO                                   |   |

Approved by OMB 3060-0053 Expires 11/30/99 See reverse for public burden estimate.

## UNITED STATES OF AMERICA FEDERAL COMMUNICATIONS COMMISSION

|   | FOR<br>FCG |  |  | <br> |
|---|------------|--|--|------|
| 1 |            |  |  |      |

## PART 1 - APPLICATION FOR CONSENT TO TRANSFER CONTROL OF CORPORATION HOLDING STATION LICENSE (This application must be filed before Transfer of Control takes place)

|   | is application must be it   | ned belote Transfer of   | - Control takes  | place)                         |                   |     |  |
|---|---|--|--|--------------------------------|-------------------|-----|--|
| 1.(a) Name of corporate licensee U S WEST Wireless, LI  | .C  |  |  |                                | <del></del> .     |     |  |
| (b) Number and street address<br>1020 19th Street, N.W  | V., Suite 700   |  |  |                                |                   |     |  |
| (c) City<br>Washington  |   | (d) State (e) ZIP Code 20036 - 6101  |  |                                |                   |     |  |
| 2. Internet address:<br>estaffo@uswest.com  |   | 3. Texpayer Identification 840273800   | Number   |                                |                   |     |  |
| 4. Call sign and radio service of each station WASXAW   |   |  |  |                                |                   |     |  |
|   |   |  |  |                                |                   |     |  |
| 5.(a) Fee Type Code<br>EAE  | (b) Fee Multiple  | (c) Fee Due \$   | 45.00  | FOR FCC                        |                   |     |  |
| 6. Name(s) and Address(es) of Transferee  | -   | <u> </u>   |  | AND THE PROPERTY OF STREET     |                   |     |  |
| Qwest Communications  | International   | . Inc.   |  |                                |                   |     |  |
| 7. Subsequent to the Transfer of Control, will the State of incorporation, etc.? If "NO", give details  | •   | ame corporate entity? That is  | s, will it retain its pre                                | esent name, corporate charter, | YES               | NO  |  |
| Subsequent to the Transfer of Control, will the Page 3.   | e licensee corporation be a rep   | resentative of any foreign go  | vernment? If "YES",                                      | give details on                |                   | N   |  |
| 9. THIS SECTION TO BE ANSWERED ONLY BY LICENSEES OF PUBLIC COAST, AIRPORT CONTROL TOWER, AERONAUTICAL ENROUTE, AERONAUTICAL FIXED, OR COMMON CARRIER ALASKA PUBLIC FIXED STATIONS. SUBSEQUENT TO THE TRANSFER OF CONTROL:   |   |  |  |                                |                   |     |  |
| (a) Will any officer or director of such corporation be an alien? If "YES", see Instruction 6.  |   |  |  |                                | YES               | NO  |  |
| (b) Will more than 1/5 of the capital stock be either owned of record or may it be voted by aliens or their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If "YES", see Instruction 6.  |   |  |  |                                |                   |     |  |
| (c) Will the licensee be directly or indirectly cont  | rolled by any other corporation?  | ? If "YES", answer items (d)   | through (h) below.                                       |                                |                   |     |  |
| (d) What is the name and address of the corpora   | ation in immediate control?   |  |  |                                |                   |     |  |
| (e) Under the laws of what State or Country is the  | e controlling corporation organi  | ized?  |  |                                |                   |     |  |
| (f) Is more than 1/4 of the capital stock of control<br>foreign government or representative thereof, or<br>Page 3.   |   |  |  |                                | YES               | NO  |  |
| (g) Is any officer or more than 1/4 of the directors and state the total number of directors, and give  |   |  | 3 state name, nation                                     | ality, and position of each,   |                   |     |  |
| (h) is the controlling corporation in turn controller<br>these controlling companies covering information   |   |  | heet of paper, provi                                     | de information for each of     |                   |     |  |
|   | CE  | RTIFICATION  |  |                                | _                 |     |  |
| <ul> <li>Applicant waives any claim to the use of any p</li> <li>Applicant will have unlimited access to the rad</li> <li>Neither applicant nor any member thereof is a</li> <li>Applicant certifies that all statements made in</li> <li>Neither the applicant nor any other party to the<br/>Abuse Act of 1988, 21 U.S.C. Section 862, t</li> </ul> | tio equipment and will control a<br>foreign government or represe<br>this application and attachmen<br>application is subject to a deni | ccess to exclude unauthorizentative thereof;<br>its are true, complete and mail<br>ial of Federal benefits that in | ed persons;<br>ade in good faith;<br>icludes FCC benefit |                                | \nti-Drug         |     |  |
| WILLFUL FALSE STATEMENTS MADE ON REVOCATION OF ANY STATION LICENSE O SECTION 503).  |   |  |  |                                |                   |     |  |
| SIGNATURE Chilo C   | . Steffer   |  | -  | DATE August 19                 | ), 19             | 999 |  |
| SIGNATURE   | see Corporation   | 1  |  | DATE August 19                 | <del>)</del> , 19 | 999 |  |
| Transferee of Confid (Classical)  Individual Partner Officer Other (Specify):   |   |  |  |                                |                   |     |  |

| DETAILS / ADDITIONAL INFORMATION:  |   |
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|  | S OF AMERICA  |
|  | ATIONS COMMISSION   |
|  | (S) AFTER TRANSFER OF CONTROL OF CORPORATION  |
| 1. Name and mailing address of corporate licensee U S WEST Wireless, LLC | DO NOT WRITE IN THIS BLOCK  |
| 1801 California Street   | CONDITIONS OF GRANT   |
| Denver, CO 80202   | The corporate licensee is hereby authorized to continue holding   |
|  | the radio station license(s) listed in item 2 on the basis of the representations made in the application for this authorization. |
| 2. Call sign and radio service of each station                           | This authorization is granted for the term of the outstanding   |
| WAX8AW   | license(s) for the station(s) listed in item 2.   |
|  |   |
|  | DATE AUTHORIZED:  |
|  |   |
|  | FEDERAL   |
|  | COMMUNICATIONS  |
|  | COMMISSION  |
| THIS AUTHORIZATION TO BE FILED WITH                                      |   |
| CORPORATION'S RADIO STATION RECORDS                                      |   |

#### READ INSTRUCTIONS CAREFULLY APPROVED BY OMB 3060-0589 BEFORE PROCEEDING FEDERAL COMMUNICATIONS COMMISSION SPECIAL LISE REMITTANCE ADVICE PAGE NO 1 OF 8 FCC USE ONLY (1) LOCKBOX # 358325 ACCOUNT OF THE PARTY OF THE PAR THE RESERVE OF THE PERSON OF T SECTION A - PAYER INFORMATION (2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) (3) TOTAL AMOUNT PAID (dollars and cents) Hogan & Hartson 50.925.00 (4) STREET ADDRESS LINE NO. 1 c/o Mace J. Rosenstein (5) STREET ADDRESS LINE NO. 2 555 Thirteenth Street, NW (8) ZIP CODE (6) CITY (7) STATE Washington DC 20004 (9) DAYTIME TELEPHONE NUMBER (include area code) (10) COUNTRY CODE (if not in U.S.A.) (202) 637-5600 IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT COMPLETE SECTION B SECTION B - APPLICANT INFORMATION (11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card) U S WEST Communications, Inc. (12) STREET ADDRESS LINE NO. 1 1801 California Street (13) STREET ADDRESS LINE NO. 2 (14) CITY (15) STATE (16) ZIP CODE 80202 Denver Colorado (17) DAYTIME TELEPHONE NUMBER (Include area code) (18) COUNTRY CODE (if not in U.S.A.) (303) 992-1400 SECOMPLETE SECTION C.FOR EACH SERVICE !! E.MORE BOXES ARE NEEDED USE CONTINUATION SHEETS (FORM 1592C) A STATE OF THE STA **SECTION C - PAYMENT INFORMATION** FORMATION (22A) FEE DUE FOR (PTC) N BLOCK 20A FOC USE ONLY AF OO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW (20A) PAYMENT TYPE CODE (PTC) (21A) QUANTITY (19A) FCC CALL SIGN/OTHER ID E 1 Α F (23A) FCC CODE 1 (24A) FCC CODE 2 (208) PAYMENT TYPE CODE (PTC) (22B) FEE DUE FOR (PTC) IN BLOCK 20B FCC USE ONLY (19B) FCC CALL SIGN/OTHER ID (21B) QUANTITY 1 135.00 (248) FCC CODE 2 (23B) FCC CODE 1 (22C) FEE DUE FOR (PTC) IN BLOCK 20C FCC USE ONLY) (20C) PAYMENT TYPE CODE (PTC) (19C) FCC CALL SIGN/OTHER ID (21C) QUANTITY 28 R 1.260.00 (23C) FCC CODE 1 (24C) FCC CODE 2 (220) FEE DUE FOR (PTC) IN BLOCK 200 FCC USE ONLY (20D) PAYMENT TYPE CODE (PTC) (21D) QUANTITY (19D) FCC CALL SIGN/OTHER ID М 15 675.00 (23D) FCC CODE 1 (240) FCC CODE 2 SECTION DETAXPAYER INFORMATION (REQUIRED) (26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN 8-11 IS DIFFERENT FROM PAYER NAME IN A-2) (25) PAYER TIN APPLICANT TIN 0 5 3 8 7 0 8 0 2 3 8 0 0 0 4 は一個なる。 **SECTION E - CERTIFICATION** (27) CERTIFICATION STATEMENT \_ . Certify under penalty of perjury that the foregoing and supporting information

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

SECTION F - CREDIT CARD PAYMENT INFORMATION

**AUTHORIZED SIGNATURE** 

(PRINT NAME)

MASTERCARDIVISA ACCOUNT NUMBER

I hereby authorize the FCC to charge my VISA or MASTERCARD

for the service(s)/authorization(s) herein described.

MASTERCARD

(28)

are true and correct to the best of my knowledge, infomation and belief. SIGNATURE

FCC FORM 159 JULY 1997 (REVISED)

**書格別の記入され、土田田の** 

EXPIRATION DATE:

YEAR

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| REMITTANCE ADVICE (Continuation Sheet)   | YOMB 3060-0589   |
|--|--|
| PAGE NO*   | 2 <sub>OF</sub> 8  |
|  |  |
| USETHIS SECTION ONLY FOR EACH ADDITIONAL APPLICANT SECTION BB - ADDITIONAL APPLICANT INFORMATION   |  |
| SECTION BB - ADDITIONAL APPLICANT INFORMATION  (1) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)  |  |
|  |  |
| U S WEST Communications, Inc.  |  |
| 1801 California Street   |  |
| (13) STREET ADDRESS LINE NO. 2   | •  |
|  |  |
| (14) CITY (15) STATE (16)  | ) ZIP CODE   |
| Denver Colorado 80   | 0202   |
| (17) DAYTME TELEPHONE NUMBER (include area code) (18) COUNTRY CODE (if not in U.S.A.)  |  |
| (303) 992-1400   |  |
| IF MORE BOXES ARE NEEDED, USE ADDITIONAL FCC: 159°C CONTINUATION SHEETS TO LIST E  | ACH SERVICES   |
| SECTION CC - PAYMENT INFORMATION   |  |
| (19A) FCC CALL SIGN/OTHER ID (20A) PAYMENT TYPE CODE (PTC) (21A) QUANTITY (22A) FEE DUE FOR (PTC) IN BLOCK 20A   | CC USE ONLY  |
| P A T M 272 12,240.00  |  |
| (23A) FCC CODE 1 (24A) FCC CODE 2  |  |
|  |  |
| (19B) FCC CALL SIGN/OTHER ID (20B) PAYMENT TYPE CODE (PTC) (21B) QUANTITY (22B) FEE DUE FOR (PTC) IN BLOCK 20B   | CCUSE ONLY   |
| C C P M 1, 75.00   |  |
| (23B) FCC CODE 1 (24B) FCC CODE 2  |  |
|  |  |
| (19C) FCC CALL SIGN/OTHER ID (20C) PAYMENT TYPE CODE (PTC) (21C) QUANTITY (22C) FEE DUE FOR (PTC) IN BLOCK 20C   | CCUSEONLY  |
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| C A P M ( 548). 24.660.00 F  | 1.2 - Carried Ball 100 - Carried |
| C A P M 548 s 24,660.00 (23C) FCC CODE 1   |  |
|  |  |
| (24C) FCC CODE 2   | COURSE ON VANDERSV   |
|  | CC USE ONLY # 1  |
| (24C) FCC CODE 2   | CC USE ONLY #5   |
| (23C) FCC CODE 1 (24C) FCC CODE 2 (19D) FCC CALL SIGN/OTHER ID (20D) PAYMENT TYPE CODE (PTC) (21D) QUANTITY (22D) FEE DUE FOR (PTC) IN BLOCK 20D   | CC USE ONLY E  |
| (24C) FCC CODE 2  (19D) FCC CALL SIGN/OTHER ED  (20D) PAYMENT TYPE CODE (PTC)  (21D) QUANTITY  (22D) FEE DUE FOR (PTC) IN BLOCK 200  (27D) FEE DUE | CC USE ONLY 25   |
| (24C) FCC CODE 2  (19D) FCC CALL SIGN/OTHER ED  (20D) PAYMENT TYPE CODE (PTC)  (21D) QUANTITY  (22D) FEE DUE FOR (PTC) IN BLOCK 200  (27D) FEE DUE | CC USE ONLY  |
| (23C) FCC CODE 1  (24C) FCC CODE 2  (19D) FCC CALL SIGN/OTHER ED  (20D) PAYMENT TYPE CODE (PTC)  (21D) QUANTITY  (22D) FEE DUE FOR (PTC) IN BLOCK 200  (24D) FCC CODE 2  (24D) FCC CODE 2  | CC USE ONLY A  |

## FEDERAL COMMUNICATIONS COMMISSION

| REMITTANCE ADVICE (Continuation Sheet) |                 |             |               |           |  |          |         |              |             |          |                              |         | APPROVED BY OMB 3060- |                |              |  |  |  |
|--|-----------------|-------------|---------------|-----------|--|----------|---------|--------------|-------------|----------|------------------------------|---------|-----------------------|----------------|--------------|--|--|--|
| REMITTANC                              | E AD            | VICE        | E (Co         | ntinu     | atio                                   | on St    | ieet    | )            |             |          | P                            | AGE NO  | 3                     | _oF 8          | <u> </u>     |  |  |  |
|  | STEEL ICE       | -TUICY      | SECTIO        | NONEY     | Æ O E                                  | FACE     | I TATO  | ITIO         | INTEN       |          |                              |         |                       |                | February Con |  |  |  |
|  |                 |             | TION BB       |           |  |          |         |              |             |          | AUV 186                      |         | 2/3/2/4               |                |              |  |  |  |
| (11) APPLICANT NAME (if paying by      | credit cerd, en |             |               |           |  |          |         |              |             |          | 146.45                       | 20 1242 | A 1984                |                |              |  |  |  |
| U S WEST Wireles                       | ss, LLC         | ;           |               |           |  |          |         |              |             |          |                              |         |                       |                | į            |  |  |  |
| (12) STREET ADDRESS LINE NO. 1         |                 |             |               |           |  |          |         |              |             |          |                              |         |                       |                |              |  |  |  |
| 1801 California St                     | reet            |             |               |           |  |          |         |              |             |          |                              |         |                       |                |              |  |  |  |
| (13) STREET ADDRESS LINE NO. 2         |                 |             |               |           |  |          |         | -            |             |          |                              |         |                       |                |              |  |  |  |
|  |                 |             |               |           |  |          |         |              |             |          |                              |         |                       |                |              |  |  |  |
| (14) CITY                              |                 | <u>-</u> -  | - <del></del> |           |  | (15) STA | TE      |              | "           |          |                              |         | (16) ZJP C            | ODE            |              |  |  |  |
| Denver                                 |                 |             |               |           |  | Cold     | rado    | <b>o</b>     |             |          |                              |         | 8020                  | 2              |              |  |  |  |
| (17) DAYTIME TELEPHONE NUMBER          | (include area   | code)       |               |           |  | (18) COL | INTRY C | ODE (if n    | A.C.U ni lo | .}       |                              |         |                       |                |              |  |  |  |
| (303) 992-1400                         |                 |             |               |           |  |          |         |              |             |          |                              |         |                       |                |              |  |  |  |
| FIF MORE BOXES AR                      | E NEED          | ED, USI     | E'ADDIT       | IONAL     | FCC                                    | 159-C    | CONT    | [INUA        | TION        | SHEE     | TSTO                         | LIST    | EACH                  | (SER           | ЛСE          |  |  |  |
|  |                 |             | SECT          | ION CC -  | PAYN                                   | MENT IN  | IFOR    | MATIC        | N           |          |                              |         |                       |                |              |  |  |  |
| (19A) FCC CALL SIGN/OTHER ID           | (20A) PAY       | MENT TYPE   | CODE (PTC)    | 1         | (21A) QUANTITY (22A) FEE DUE FOR (PTC) |          |         |              |             |          | ) IN BLOCE                   | ( 20A   | FCCUS                 | EONLY          |              |  |  |  |
|  | С               | Α           | Р             | М         | Ì                                      |          | 12      |              |             |          | 54                           | 0.00    |                       |                |              |  |  |  |
| (23A) FCC CODE 1                       | <u> </u>        | 1           | J             | <u> </u>  | (24A)                                  | FCC CODE | 2       |              |             |          |                              |         | 1                     |                |              |  |  |  |
|  |                 |             |               |           |  |          |         |              |             |          |                              |         |                       |                | ŀ            |  |  |  |
| (19B) FCC CALL SIGN/OTHER ID           | (20B) PAY       | MENT TYPE ( | CODE (PTC)    |           | (218)                                  | QUANTTTY |         | (228)        | FEE DUE I   | OR (PTC  | C) IN BLOCK 208 FCC USE ONLY |         |                       |                |              |  |  |  |
|  | -               |             |               |           | ]                                      |          | _       | ļ            |             |          | 00.00                        |         |                       |                |              |  |  |  |
| 1000 1000 0000 1                       | Р               | Α           | T             | M         | (242)                                  |          | 2       | \$           |             |          |                              | 0.00    |                       | 23,500         |              |  |  |  |
| (23B) FCC CODE 1                       |                 |             |               |           | (248)                                  | FCC CODE | 2       |              |             |          |                              |         |                       |                |              |  |  |  |
|  |                 |             |               |           | <u> </u>                               |          |         | <del>,</del> |             |          |                              |         |                       |                |              |  |  |  |
| (19C) FCC CALL SIGN/OTHER ID           | (20C) PAY       | MENT TYPE ( | CODE (PTC)    | T         | (21C) (                                | QUANTITY |         | (22C) I      | FEE DUE F   | OR (PTC) | IN BLOCK                     | 20C     | FCCUS                 | ONLY           |              |  |  |  |
|  | Е               | Α           | E             |           |  |          | 1       | ١.           |             |          | 45.00                        |         |                       |                |              |  |  |  |
| (23C) FCC CODE 1                       | <u></u>         |             | <u> </u>      | L —       | (24C) I                                | FCC CODE | 2       |              |             |          |                              |         | 1                     | - C Warners to |              |  |  |  |
|  |                 |             |               |           |  |          |         |              |             |          |                              |         |                       |                | 1            |  |  |  |
| (19D) FCC CALL SIGN/OTHER ID           | (20D) PAY       | MENT TYPE C | ODE (PTC)     |           | (21D) (                                | YIITMAUC |         | (22D) I      | FEE DUE F   | OR (PTC) | IN BLOCK                     | 20D     | FCC USE               | ONLY           | 23.53        |  |  |  |
|  |                 | -,-,-       |               |           | 1                                      |          |         |              |             |          |                              |         |                       |                |              |  |  |  |
|  |                 |             |               |           |  |          |         | 3            |             |          |                              |         |                       |                |              |  |  |  |
| (23D) FCC CODE 1                       |                 |             |               |           | (24D) F                                | FCC CODE | 2       |              | <del></del> | -        |                              |         | - · · · · ·           |                |              |  |  |  |
|  |                 |             |               |           |  |          |         |              |             |          |                              |         |                       |                | [            |  |  |  |
| CANAL SECTION OF                       |                 |             |               | ON DD - 1 | AXP/                                   | YERIN    | (FOR    | MATIC        | N           |          | ¥.                           | dan - A | e (e e g              |                |              |  |  |  |
| 25) COMPLETE THIS BLOCK ONLY IF        | SECTION BE      | IS APPLICA  | BLE           |           |  |          |         |              |             | T        | T                            | T       | <del></del>           | Ţ              |              |  |  |  |
| APPL                                   | _ICA            | NT '        | TIN           |           |  | 0        | 8       | 4            | 1           | 4        | 1                            | 1       | 1                     | 3              | 8            |  |  |  |
| •                                      |                 | _           |               | -         |  |          |         |              | <u> </u>    |          |                              | ·       |                       |                |              |  |  |  |

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|--|---|---------------|---|---------------|-------|----------|----------|------------|--------------|-----------|-----------------|---|--------------------------|--|-----------------------|
| REMITTANC  | CE AD   | VIC           | E (Co   | ontinu        | ati   | on S     | heet     | <b>:</b> ) |              |           | P               | AGE NO                                  | . <u>4</u>               | OF _8  | <u></u>               |
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|  | <b>3.48</b>   | SEC           | TION BE                                       | 3 - ADDIT     | IONA  | L APP    | LICAN    | TINFO      | RMAT         | ION       | 要客              | 步光器                                     |                          |  | <b>位</b> 等            |
| (11) APPLICANT NAME (if paying by  | r credit card, e  | inter name ex | actly as it app                               | sears on your | card) |          |          |            |              |           |                 |   | ,                        | •  |                       |
| US WEST Long   |   | e, Inc.       |   |               |       |          |          |            |              |           |                 |   |                          |  |                       |
| (12) STREET ADDRESS LINE NO. 1   |   |               |   |               |       |          |          | -          |              |           |                 | *************************************** |                          |  |                       |
| 1801 California S  | treet   |               |   |               |       |          |          |            |              |           |                 |   |                          |  |                       |
| (13) STREET ADDRESS LINE NO. 2   |   |               |   |               |       | •        |          | 2          |              |           |                 | <u> </u>                                |                          |  |                       |
|  |   |               |   |               |       |          |          |            |              |           |                 |   |                          |  |                       |
| (14) CITY  |   |               |   |               |       | (15) S   | TATE     |            |              |           |                 |   | (16) ZIP Č               | ODE  |                       |
| Denver   |   |               |   |               |       |          | lorad    |            |              |           |                 |   | 8020                     | 2  |                       |
| (17) DAYTIME TELEPHONE NUMBE   | R (Include are  | a code)       |   |               |       | (18) C   | OUNTRY C | ODE (if no | ot in U.S.A. | .)        |                 |   | _                        |  |                       |
| (303) 992-1400   |   |               |   |               |       |          |          |            |              |           |                 |   |                          |  |                       |
| SIF MORE BOXES AF  | RE NEEL   | DED, US       | E ADDI  | TIONAL        | FCC   | 159-C    | CON      | TINUA      | TION         | SHEE      | TS;TC           | LIST                                    | EACH                     | SER  | <b>VICE</b>           |
|  |   |               | SECT  | TION CC       | PAY   | MENT     | INFOR    | MATIC      | N            |           | 33              | 2                                       | 10.4                     | 770  |                       |
| (19A) FCC CALL SIGN/OTHER ID   | (20A) PA  | YMENT TYPE    | CODE (PTC)                                    | <del></del>   | (21A) | QUANTI   | ſΥ       | (22A)      | FEE DUE I    | FOR (PTC) | IN BLOCK        | 20A                                     | FCC USE ONLY             |  |                       |
|  | С   | U             | T   | [             |       |          | 1        |            |              |           | 78              | 0.00                                    | ( C)                     |  |                       |
| (23A) FCC CODE 1   | <del></del>   | 1             |   |               | (24A) | FCC CO   | DE 2     | <u> </u>   |              |           |                 |   | 1 2 2 2 2 2 2            | description of the second  |                       |
|  |   |               |   |               | 1     |          |          |            |              |           |                 |   |                          |  |                       |
| (19B) FCC CALL SIGN/OTHER ID   | (208) PA  | YMENT TYPE    | CODE (PTC)                                    |               | (218) | QUANTII  | Υ        | (228)      | FEE DUE F    | OR (PTC)  | IN BLOCK        | 208                                     | FCC US                   | ONLYA  | * 1.2                 |
|  |   |               |   |               | 1     |          |          |            |              |           |                 |   |                          |  |                       |
| (238) FCC CODE 1   | <u> </u>  | <u> </u>      |   | <u> </u>      | (24B) | FCC CO   | )F 2     | \$         | <del>_</del> |           | <del> ,</del>   |   | 49.00                    |  | ब्रह्म स <sup>्</sup> |
| ,200) / 00 000 1   |   |               |   |               | (140) | 10000    |          |            |              |           |                 |   |                          |  |                       |
|  | 1   |               | 2225  |               | -     |          |          | T          |              |           |                 |   |                          |  |                       |
| (19C) FCC CALL SIGN/OTHER ID   | (20C) PAY   | MENT TYPE     | CODE (PTC)                                    | T             | (210) | QUANTII  | Y        | (22C) i    | FEE DUE F    | OR (PTC)  | IN BLOCK        | 20C                                     | FCC USE                  | ONLY   |                       |
|  | 1   | 1             | 1   | ł             | 1     |          |          | s          |              |           |                 |   |                          | 2  | 10.00                 |
| 23C) FCC CODE 1  |   |               |   |               | (24C) | FCC CO   | E 2      |            | •            |           |                 |   |                          | •  |                       |
|  |   |               |   |               |       |          |          |            |              |           |                 |   |                          |  |                       |
| 190) FCC CALL SIGN/OTHER (D  | (200) PAY   | MENTTYPE      | CODE (PTC)                                    |               | (210) | QUANTIT  | Y        | (22D) F    | EE DUE F     | OR (PTC)  | N BLOCK         | 200                                     | FCCUSE                   | ONLY 35  | ***                   |
|  |   |               |   |               | ١     |          |          | ł          |              |           |                 |   | 7                        |  |                       |
| 23D) FCC CODE 1  | <u> </u>  | <u> </u>      | <u>i                                     </u> | J             | (24D) | FCC CO   | )F 2     | \$         |              |           |                 |   | 1476                     |  |                       |
| , - •• ••• •   |   |               |   |               | `_`_' | . 55 551 |          |            |              |           |                 |   |                          |  |                       |
| Company and the state of the st | ~6% T   |               | 050=  | ONES          |       | 1722     | MESS     | 48 4 71 ^  |              | ,         | <b>त्र</b> ेख्य | Take (Tork)                             | عورون<br>عورون و المرازي | the state of the s | interestable i        |
| 25) COMPLETE THIS BLOCK ONLY   |   | R IS APDI IO  |   | ON DD -       | IAXP  | AYER     | INFOR    | MATIC      | אנ           |           | \$2.5g          |   | 3 1 C                    | 36.5   | <b>共业党</b>            |
| - <del>-</del>   |   |               |   |               |       |          | J        | ]          | 1            | Ĭ         | Γ               | 1                                       | T                        | T  | T                     |
| APP  | LICA  | NI            | IIN   |               |       | U        | 8        | 4          | 1_           | 3         | 2               | 9                                       | 5                        | 4  | 0                     |
|  |   |               |   |               |       | 1        |          |            |              |           |                 |   |                          |  |                       |

|                                   |              |                |                |                 |       |                |              |             |             |          | APPR                       | OVED       | BY OM      | B 306            | 0-0589       |
|-----------------------------------|--------------|----------------|----------------|-----------------|-------|----------------|--------------|-------------|-------------|----------|----------------------------|------------|------------|------------------|--------------|
| REMITTANC                         | E AI         | VICI           | E (C           | ontinu          | atio  | on S           | heet         | )           |             |          | Р                          | AGE NO     | <u>. 5</u> | OF _8            | <del></del>  |
|                                   | US<br>V      | ETHIS!         | SECTIO         | N ONLY          | FOF   | EACI           | Í ADD        | ITION       | IAL*AF      | PLIC     | ANT                        |            |            | 143              |              |
|                                   |              | SEC            | TION BE        | 3 - ADDIT       | ONA   | L APPL         | ICAN         | INFO        | RMATI       | ON       | 额                          | <b>学教学</b> |            |                  | 134          |
| (11) APPLICANT NAME (if paying by |              | enler name exi | ectly as it ap | pears on your c | ard)  |                |              |             |             |          |                            |            |            |                  |              |
| U S WEST Busine                   | ss Re        | source         | s, Inc         | •               |       |                | <u></u>      | <del></del> |             |          |                            |            |            |                  | _            |
| 1801 California St                | troot        |                |                |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| (13) STREET ADDRESS LINE NO. 2    | il eet       |                |                |                 |       |                |              |             |             |          | _                          |            |            |                  |              |
|                                   |              |                |                |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| (14) CITY                         |              | ····           |                |                 |       | (15) ST        | ATE          |             |             |          |                            | 14         | 16) ZIP CO | DDF              |              |
|                                   |              |                |                |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| Denver                            | D.40 -1 -1   |                |                |                 |       |                |              |             | t in U.S.A. | ·····    |                            |            | 80202      | 2                |              |
| (17) DAYTIME TELEPHONE NUMBER     | K (SICHOS SI | sa coue;       |                |                 |       | (10) CC        | MINTO        |             | x m u.s.x.  | ,        |                            |            |            |                  |              |
| (303) 992-1400                    |              |                |                |                 |       | <u> </u>       |              |             |             |          |                            |            |            |                  |              |
| ÿIF;MORE BOXES AR                 | E NEE        | DED, US        | E ADDI         | TIONAL          | FCC   | 159 <b>-</b> C | CONT         | <u> </u>    | TION        | SHEE     | ទោ                         | LIST       | EACH       | SER\             | /ICE#        |
| <b>小</b> 是1000年中央1000             | 72.65        |                | SEC            | TION CC -       | PAY   | MENT           | NFOR         | MATIC       | N           |          | 一                          | 《编码        | ***        |                  |              |
| (19A) FCC CALL SIGN/OTHER ID      | (20A) PA     | YMENT TYPE     | CODE (PTC      | )               | (21A) | QUANTIT        | Y            | (22A)       | FEE DUE F   | OR (PTC) | IN BLOC                    | K 20A      | FCCUSE     | ONLY             |              |
|                                   | P            | Α              | Т              | М               | 4 .   |                |              |             |             |          | 18                         | 0.00       |            |                  |              |
| (23A) FCC CODE 1                  | -            |                |                |                 | (24A) | FCC COD        | E 2          |             |             |          |                            | · •••      |            |                  |              |
| (198) FCC CALL SIGN/OTHER ID      | (20B) PA     | YMENT TYPE     | CODE (PTC      | )               | (21B) | QUANTIT        | <del>/</del> | (22B) I     | FEE DUE F   | OR (PTC) | C) IN BLOCK 208 FCC USE OF |            |            |                  |              |
|                                   |              |                |                |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| (238) FCC CODE 1                  | 1            |                | <u> </u>       |                 | (24B) | FCC COD        | E 2          | 1.5         |             | _        |                            |            |            | - 1. S. C. C. C. | A CONTRACTOR |
|                                   |              |                |                |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| (19C) FCC CALL SIGN/OTHER ID      | (20C) PA     | YMENTTYPE      | CODE (PTC      | )               | (21C) | QUANTITY       | 1            | (22C) I     | FEE DUE F   | OR (PTC) | IN BLOCI                   | ₹20C       | FCCUSE     | ONLY             |              |
|                                   |              |                | İ              |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| (23C) FCC CODE 1                  | L            |                | <u> </u>       |                 | (24C) | FCC COD        | E 2          | \$          |             |          |                            |            | AL BURNEY  | 2.00             |              |
|                                   |              |                |                |                 |       |                |              |             |             |          |                            |            |            |                  |              |
| (19D) FCC CALL SIGN/OTHER ID      | (20D) PA     | YMENT TYPE     | CODE (PTC)     |                 | (21D) | QUANTITY       | ,            | (22D) F     | EE DUE F    | OR (PTC) | N BLOC                     | ( 20D      | FCCUSE     | DNLY S           | 130          |
|                                   |              |                |                |                 | ] ].  |                |              |             |             |          |                            |            |            |                  |              |
| 23D) FCC CODE 1                   | <u> </u>     |                | (24D)          | FCC COD         | E 2   | <u> </u>       | **           |             |             |          |                            |            |            |                  |              |
|                                   | -600KI       |                | SECT           | ION DD -        | TAYP  | AYER           | NEOP         | MATIC       | N.          |          | 12.50                      | w-323      | nel tura   |                  | 242367       |
| 25) COMPLETE THIS BLOCK ONLY II   |              | BB IS APPLICA  |                |                 |       |                |              |             |             |          | 57.75                      | s          |            |                  | AL SEC       |
| APPI                              | LICA         | TNA            | TIN            |                 |       | 0              | 8            | 4           | 0           | 9        | 3                          | 3 _        | 6          | 9                | 0            |

|                                   |                |               |                |               |        |         | · <u>·</u> · |          |              |           | APPR        | OVED     | BY ON          | B 306       | 0-0589   |
|-----------------------------------|----------------|---------------|----------------|---------------|--------|---------|--------------|----------|--------------|-----------|-------------|----------|----------------|-------------|--|
| REMITTANC                         | E AD           | VIC           | E (C           | ontini        | uatio  | on S    | heet         | )        |              |           | P           | AGE NO   | 6              | OF_8        | _  |
|                                   | <b>SELUS</b>   | EXTHIS.       | SECTION        | ON ONE        | Y,F,OF | EAC     | HÀDE         | ПЮ       | NALSA        | PPLHC     | ANT.        | 200      |                | 9 T 1       |  |
|                                   | 温度             | SEC           | TION B         | B - ADDI1     | IONA   | L APP   | LICAN        | INF      | ORMAT        | NO        | 認           | V. A. V. | - Contract   1 | * H. W.     | 1437   |
| (11) APPLICANT NAME (if paying by | credit cerd, e | nter name ex  | actly as it ap | pears on your | card)  |         |              |          |              |           |             |          |                |             |  |
| Qwest Communic                    | ations         | Corp          | oratio         | <u>n</u>      |        | _       |              |          |              |           |             |          | ·              |             |  |
| 1801 California St                | reet           |               |                |               |        |         |              |          |              |           |             |          |                |             |  |
| (13) STREET ADDRESS LINE NO. 2    |                | <del></del> - | <del>-</del>   |               |        | _       |              | • •      | · · · · · ·  |           |             |          | <del>-</del>   | ·-          |  |
| (14) CITY                         |                | ·             |                |               |        | (15) S  | TATE         |          |              |           |             | - T      | (16) ZIP C     | ODE         |  |
| Denver                            |                |               |                |               |        | Col     | orade        | <b>.</b> |              |           |             |          | 8080           | 9           |  |
| (17) DAYTME TELEPHONE NUMBER      | (include are   | sa code)      |                |               |        |         |              |          | not in U.S.A | .)        |             |          | 0000           |             |  |
| (303) 992-1400                    |                |               |                |               |        |         |              |          |              |           |             |          | _              |             |  |
| <b>ØIF MORE BOXES AR</b>          |                | DED, US       | E ADD          | TIONAL        | FCC    | 159-C   | CON          | rinu.    | ATION        | SHEE      | <b>TSIT</b> | LIST     | EACH           | SER         | /ICE≴  |
| THE RESERVE                       |                |               |                | TIONCC        | - PAYI | MENT    | INFOR        | MATI     | ON           |           | 23          |          |                | <b>建設</b> 意 |  |
| (19A) FCC CALL SIGN/OTHER ID      | (20A) PA       | YMENT TYPE    | CODE (PTC      | )             | (21A)  | QUANTI  | Υ            | (22A)    | FEE DUE      | FOR (PTC  | IN BLOC     | K 20A    | FCCUS          | ONLY        |  |
|                                   | Р              | Α             | T              | M             |        |         | 3            | ,        |              |           | 13          | 5.00     | 2 3            | <b>3</b>    |  |
| (23A) FCC CODE 1                  |                | •             |                |               | (24A)  | FCC CO  | )E 2         |          |              |           |             |          |                |             |  |
|                                   |                |               |                |               |        |         |              |          |              |           |             |          |                |             | ĺ  |
| (19B) FCC CALL SIGN/OTHER ID      | (208) PA       | YMENT TYPE    | CODE (PTC      | ()            | (218)  | QUANTII | Y            | (228)    | FEE DUE      | FOR (PTC) | IN BLOC     | ONLY     |                |             |  |
|                                   | С              | С             | Р              | М             | 1 .    |         |              |          |              |           | 7           | 5.00     |                |             |  |
| (23B) FCC CODE 1                  |                |               |                |               | (24B)  | FCC CO  | )€ 2         |          |              |           |             | -        |                |             |  |
|                                   |                |               |                |               |        |         |              |          |              |           |             |          |                |             | i  |
| (19C) FCC CALL SIGN/OTHER ID      | (20C) PAY      | MENT TYPE     | CODE (PTC      | )             | (21C)  | QUANTIT | Υ            | (22C)    | FEE DUE I    | FOR (PTC) | IN BLOCK    | C 20C    | FCCUSE         | ONLY        | ****   |
|                                   | С              | U             | T              |               |        |         | 1            |          |              |           | 78          | 0.00     |                |             |  |
| (23C) FCC CODE 1                  |                |               | 1              |               | (24C)  | FCC COD | E 2          | 1 2      |              |           |             | 0.00     | 33.17 35       | A SOLUTE    | 4 0 mag 6  |
|                                   |                |               |                |               |        |         |              |          |              |           |             |          |                |             |  |
| (19D) FCC CALL SIGN/OTHER ID      | (20D) PAY      | MENT TYPE     | CODE (PTC      | <u>.</u>      | (21D)  | QUANTIT | Y            | (220)    | FEE DUE      | OR (PTC)  | IN BLOCK    | (200     | FCCUSE         | ONI Y       | **************************************           |
| ,                                 | (              |               |                | Ī             |        |         |              | ,,       |              | (,        |             |          |                |             |  |
| (23D) FCC CODE 1                  |                | 1             | <del></del>    |               | (24D)  | FCC COD | E 2          | · -      |              | <u> </u>  |             |          |                |             | THE PARTY OF                                     |
|                                   |                |               |                |               | 1      |         |              |          |              |           |             |          |                |             |  |
|                                   |                | <u></u>       |                | ION DD -      | TAXP   | AYER    | INFOR        | MATI     | ON           |           |             |          |                |             |  |
| 25) COMPLETE THIS BLOCK ONLY IF   |                |               | _              |               |        | _       | 1            |          |              | T -       | Ι           | 1        | T              |             | <del>,                                    </del> |
| APPL                              | _ICA           | NT            | TIN            |               | 1      | U       | 0            | 4        | 6            | 1_        | 4           | 1_       | 7              | 3           | 9  |

|                                   |  |              |                 |  |              |             |             |            |              |             | APPR        | OVED              | BY ON        | 1B 306          | 0-0589              |
|-----------------------------------|--|--------------|-----------------|--|--------------|-------------|-------------|------------|--------------|-------------|-------------|-------------------|--------------|-----------------|---------------------|
| REMITTANC                         | E AI   | OVIC         | E (C            | ontini   | uati         | on S        | heet        | )          |              |             | P.          | AGE NO            | o. <u>7</u>  | _OF_            | <u> </u>            |
|                                   | J. US  | ETHIS        | SECTION         | ON ONL   | Y,F,OF       | REAC        | HADD        | ITION      | IALFAI       | PLIC/       | ANT         |                   |              |                 |                     |
|                                   |  | SEC          | CTION B         | B - ADDI1                                      | TONA         | L APP       | LICANT      | INFO       | RMAT         | ION         | 100         |                   |              |                 | 27.45               |
| (11) APPLICANT NAME (if paying by | credit card, (                               | enter name e | eactly as it ap | pears on your                                  | card)        |             |             |            |              |             |             |                   | <del> </del> |                 |                     |
| <b>Qwest Transmiss</b>            | ion. Ir                                      | ıc.          |                 |  |              |             |             |            |              |             |             |                   |              |                 |                     |
| (12) STREET ADDRESS LINE NO. 1    | ,  |              |                 |  |              |             | <del></del> |            |              | <del></del> | <u>.</u>    |                   |              |                 |                     |
| 1801 California St                | root   |              |                 |  |              |             |             |            |              |             |             |                   |              |                 |                     |
| (13) STREET ADDRESS LINE NO. 2    | i ect  |              |                 |  |              |             |             |            |              |             |             |                   |              | <del></del>     |                     |
| . ,                               |  |              |                 |  |              |             |             |            |              |             |             |                   |              |                 |                     |
| (14) CITY                         | · •  |              | <del> </del>    |  |              | (15) S      | TATE        |            |              | _           |             |                   | (16) ZIP C   | 00E             |                     |
| (14) (11)                         |  |              |                 |  |              |             |             |            |              |             |             | [                 |              |                 |                     |
| Denver                            |  |              |                 |  |              | I           | orado       |            |              |             |             |                   | 8020         | 2               |                     |
| (17) DAYTIME TELEPHONE NUMBER     | R (Include an                                | ea code)     |                 |  |              | (18) Ci     | OUNTRY C    | ODE (if no | at in U.S.A. | .)          |             |                   |              |                 | İ                   |
| (303) 992-1400                    |  |              |                 | _  | _            |             |             |            |              |             |             |                   |              |                 |                     |
| ⊀IF#MORE BOXES AR                 | E NEEL                                       | DED, US      | E ADD           | TIONAL   | FCC          | 159-C       | CONT        | TINUA      | TION         | SHEE        | TSTO        | LIST              | EACH         | (SER)           | ЛСЕŻ                |
|                                   |  |              | SEC             | TION CC  | - PAY        | MENT        | INFOR       | MATIC      | N            |             | 100         | 5)                | 1000         | 7               |                     |
| (19A) FCC CALL SIGN/OTHER ID      | (20A) PA                                     | YMENT TYP    | E CODE (PTC     | :)   | (21A)        | QUANTI      | Υ           | (22A)      | FEE DUE      | FOR (PTC)   | IN BLOCK    | ( 20A             | FCCUS        | E ONLY S        | 775°                |
|                                   |  |              | P               |  |              | 1 .         |             |            |              |             | 7           | 5.00              | 7-1          |                 |                     |
| 70A) 500 0005 4                   | C  | С            | <u> </u>        | M  | 744          | FCC CO      |             | \$         |              |             | 199         |                   | e saire      |                 |                     |
| (23A) FCC CODE 1                  |  |              |                 |  | (244)        | FCC CO.     | JE 2        |            |              |             |             |                   |              |                 |                     |
|                                   | · · · · · ·                                  |              |                 |  | <u> </u>     |             |             | T          |              |             |             |                   |              |                 |                     |
| (19B) FCC CALL SIGN/OTHER ID      | (20B) PA                                     | YMENT TYPE   | CODE (PTC       | )  | - (218)      | QUANTII     | Y           | (228)      | FEE DUE I    | OR (PTC)    | IN BLOCK    | 208               | FCC USI      |                 |                     |
|                                   | С  | A            | ŀР              | М  |              |             | 166         | ١.         |              |             | 7,47        | 0.00              | 24           |                 |                     |
| (23B) FCC CODE 1                  |  | 1            |                 |  | (248)        | FCC CO      |             | 13         |              |             | -,          |                   |              | es sy man (c)   | 100                 |
|                                   |  |              |                 |  |              |             |             |            |              |             |             |                   |              |                 | Ī                   |
| (400) 500 0444 010445 477         | <u> </u>                                     |              |                 |  | <del> </del> |             |             |            |              |             |             |                   | 1            |                 | -45.0               |
| (19C) FCC CALL SIGN/OTHER ID      | (20C) PA                                     | YMENT TYPE   | T 2005          | <u>,                                      </u> | - (21C)      | QUANTIT     | Ť           | (220)      | FEE DUE I    | OR (PTC)    | IN BLOCK    | 20C               | ,            | ONLY            |                     |
|                                   |  | 1            | 1               |  |              |             |             | ١.         |              |             |             |                   |              |                 | 472.0               |
| 23C) FCC CODE 1                   | <u>.                                    </u> |              | <u> </u>        | 1  | (24C)        | FCC COD     | E 2         |            |              | _           |             |                   | ****         |                 | A CONTRACTOR        |
|                                   |  |              |                 |  | 1            |             |             |            |              |             |             |                   |              |                 | ļ                   |
| 19D) FCC CALL SIGN/OTHER ID       | I mony nav                                   | YMENT TYPE   | CODE (DTC)      |  | man's        | OLIANITE    |             | man (      |              | 00 (070)    |             | 200               | 5001105      | oin with        | ing the state Park. |
| 19D) FCC CALL SIGNOTHER ID        | (200) PA                                     | TMENT TIPE   | CODE (PTC)      | <u>'</u>                                       | 1(210)       | QUANTIT     | 1           | (220) 1    | EE DUE P     | OR (PTC):   | N BLOCK     | 200               | FCCUSE       | 一               |                     |
|                                   | }  |              |                 | 1  |              |             |             | ١.         |              |             |             |                   |              |                 |                     |
| 23D) FCC CODE 1                   | <u> </u>                                     | <del></del>  |                 |  | (24D)        | FCC COD     | E 2         |            |              |             |             |                   |              | مهدد د د کاکورک |                     |
|                                   |  |              |                 |  |              |             |             |            |              |             |             |                   |              |                 |                     |
|                                   | - Se   |              | SECT            | ION DD -                                       | L<br>TAYD    | AYED        | NEOP        | MATIC      | N.           |             | Special.    | الداين المساء منه |              |                 | N83%                |
| 25) COMPLETE THIS BLOCK ONLY I    |  | R IC ADDI I  |                 | TOR DD •                                       |              | AIEK        | INTUR       | WATE       | /I <b>T</b>  |             | ्र तत्त्व   |                   |              |                 | <b>然</b> 學是         |
| •                                 |  |              |                 |  |              |             |             |            | 1            |             | <del></del> |                   | τ            |                 | ┰─┤                 |
| APPI                              | _IC/   | TNF          | TIN             |  |              | U           | 5           | 2          | 1            | 7           | 5           | 6                 | 4            | 9               | 8                   |
|                                   | ·  |              |                 |  |              | <del></del> |             |            |              |             |             |                   |              |                 |                     |

|  |                 |               |   |                                       |          |  |       |          |              |          | APPR      | OVED                                  | BY OM                                 | IB 306     | 0-0589                        |
|--|-----------------|---------------|---|---------------------------------------|----------|--|-------|----------|--------------|----------|-----------|---------------------------------------|---------------------------------------|------------|-------------------------------|
| REMITTANC  | E AD            | VICI          | 3 <b>(C</b> (                                 | ontinu                                | atio     | on S                                   | heet  | )        |              |          | PA        | AGE NO                                | . <u>8</u>                            | _OF_8      | i<br>                         |
|  | STOUS!          |               |   | ON ONLY                               |          |  |       |          |              |          | ANT       |                                       | 100                                   |            |                               |
| THE RESERVE                                      |                 |               |   | B - ADDIT                             |          | L APP                                  | LICAN | INFO     | RMAT         | ION      | 25%       | v.v.,                                 | - THE                                 |            |                               |
| (11) APPLICANT NAME (if paying by                | credit card, en | nter name ext | actly as it app                               | pears on your o                       | card)    |  |       |          |              |          |           |                                       |                                       |            |                               |
| LCI International (12) STREET ADDRESS LINE NO. 1 |                 | m Cor         | <u>p.                                    </u> |                                       |          | <del></del> -                          |       |          |              |          |           | <del> </del>                          |                                       |            | <del></del>                   |
| 1801 California S                                | treet           |               |   |                                       |          |  |       |          |              |          |           |                                       |                                       |            |                               |
| (13) STREET ADDRESS LINE NO. 2                   |                 |               |   |                                       |          | ······································ |       |          |              |          |           |                                       |                                       |            |                               |
|  |                 |               |   |                                       |          |  |       |          |              |          |           |                                       |                                       |            |                               |
| (14) CITY  |                 |               |   |                                       |          | (15) S                                 | TATE  |          |              |          |           | · · · · · · · · · · · · · · · · · · · | (16) ZIP C                            | ODE        |                               |
| Denver   |                 |               |   |                                       |          | Col                                    | orado | <b>o</b> |              |          |           |                                       | 8020                                  | 2          |                               |
| (17) DAYTIME TELEPHONE NUMBER                    | R (Include ere  | e code)       |   |                                       |          |  |       |          | ol in U.S.A. | )        |           | 1                                     |                                       |            |                               |
| (303) 992-1400                                   |                 |               |   |                                       |          | J                                      |       |          |              |          |           |                                       |                                       |            |                               |
| IF MORE BOXES AR                                 | ENEED           | ED; US        | E ADDI  | TIONAL                                | FCC      | 159 <u>-</u> C                         | CONT  | rinu.    | NOLTA        | SHEE     | τετο      | LIST                                  | EACH                                  | SERV       | /ICE                          |
|  |                 |               |   | TION CC                               |          |  |       |          |              |          |           |                                       | 7.47.00                               |            |                               |
| (19A) FCC CALL SIGN/OTHER ID                     |                 | YMENT TYPE    | CODE (PTC                                     | i)                                    | (21A)    | QUANTIT                                | Υ     | (22A)    | FEE DUE F    | OR (PTC) | IN BLOCK  | 20A                                   | FCCUSE                                | ONLY       |                               |
|  | С               | С             | Р   | м                                     |          |  | 1     | s        |              |          | 7         | 5.00                                  |                                       |            |                               |
| (23A) FCC CODE 1                                 |                 |               |   |                                       | (24A)    | FCC CO                                 | DE 2  |          |              |          |           |                                       |                                       |            |                               |
|  |                 |               |   |                                       | 1        |  |       |          |              |          |           |                                       |                                       |            |                               |
| (19B) FCC CALL SIGN/OTHER ID                     | (20B) PAY       | YMENT TYPE    | CODE (PTC                                     | )                                     | (21B)    | QUANTII                                | Υ     | (228)    | FEE DUE F    | OR (PTC) | IN BLOCK  | 20B                                   | FCCUSE                                | ONLY       | 3-3-450<br>3-3-450<br>3-3-450 |
|  | С               | A             | Р   | М                                     | 18       |  |       |          |              |          | 810       | 0.00                                  |                                       |            |                               |
| 238) FCC CODE 1                                  |                 |               |   |                                       | (248)    | FCC CO                                 | DE 2  |          |              |          |           |                                       |                                       |            |                               |
|  |                 |               |   |                                       | 1        |  |       |          |              |          |           |                                       |                                       |            |                               |
| (19C) FCC CALL SIGN/OTHER ID                     | (20C) PAY       | MENT TYPE     | CODE (PTC)                                    | )                                     | (21C)    | QUANTII                                | Υ     | (22C)    | FEE DUE F    | OR (PTC) | IN BLOCK  | 20C                                   | FCCUSE                                | ONLY       | (1) (A)                       |
|  |                 |               |   |                                       |          |  |       |          |              |          |           |                                       |                                       | at ent     | r<br>T                        |
| 23C) FCC CODE 1                                  | 1               | Ш             | <u></u>                                       |                                       | (24C)    | FCC COD                                | DE 2  | \$       |              |          |           |                                       |                                       | A TOTAL    | <b>西班</b> 维第                  |
|  |                 |               |   |                                       | 1        |  |       |          |              |          |           |                                       |                                       |            |                               |
| 19D) FCC CALL SIGN/OTHER ID                      | COON PAY        | MENT TYPE     | CODE (PTC)                                    | · · · · · · · · · · · · · · · · · · · | (21D)    | QUANTIT                                | Y     | (220)    | FEE DUE F    | OR (PTC) | N BL OCK  | 200                                   | FCCUSE                                | - ONI V.13 | . Potentia                    |
| 130) FOC CALL SIGNOTHER ID                       | (200) FAI       | I             | 1   | <u>'</u>                              | ٦٠٠٠/    | QOPMIN                                 | •     | (220)    | PEL DOL      | OK (FIC) | ar becook | 200                                   | 4                                     |            | -14                           |
|  |                 | <u> </u>      |   |                                       | <u> </u> |  | _     | \$       |              |          |           |                                       |                                       |            | <b>4</b>                      |
| 23D) FCC CODE 1                                  |                 |               |   |                                       | (24D)    | FCC COD                                | Œ 2   |          |              |          |           |                                       |                                       |            |                               |
|  |                 |               |   |                                       |          |  |       |          |              |          |           |                                       |                                       |            |                               |
| <b>不能不够多种的</b>                                   | 270-12          |               | SECT  | ION DD -                              | TAXP     | AYER                                   | INFOR | MATIC    | N            |          | 4.53      | <b>T</b>                              | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |            | 200                           |
| 25) COMPLETE THIS BLOCK ONLY I                   |                 | B IS APPLIC   | ABLE  |                                       |          |  |       |          | T            | 1        |           |                                       | <del></del>                           |            |                               |
| APPI   | LICA            | NT            | TIN   |                                       |          | 0                                      | 3     | 9        | 1            | 4        | 5         | 5                                     | 8                                     | 0          | 3                             |
| / Al I   | _; _/           | ** <b>* !</b> | 4   |                                       |          | <del>-~</del>                          |       |          | 1 .          | Γ        |           | <u> </u>                              | <u> </u>                              | <u> </u>   | <del></del>                   |

CHECK NO.

08/19/99

## HOGAN & HARTSON L.L.P.

снеск по. 231837

ATTORNEYS AT LAW 555 13TH STREET, N.W. WASHINGTON, D.C. 20004

NATIONS BANK WASHINGTON, D.C.

15-

FIFTY THOUSAND NINE HUNDRED TWENTY-FIVE AND 00/100

PAY

FEDERAL COMMUNICATIONS

F07025

TO THE ORDER OF

231837

COMMISSION

# 231837# CO54001204C 002086539194#